

STATE OF VERMONT

Human Service Transportation Coordination Plan

2014 Update

December 2014

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1 INTRODUCTION

The 2014 update to the Vermont Human Service Transportation Coordination Plan (HSTCP) is the result of a series of planning activities undertaken by the Vermont Agency of Transportation (VTrans) to provide direction for future transportation coordination activities in the state. The updated HSTCP builds on the success of the 2008 HSTCP, which was developed in response to the planning requirements set forth by federal transportation grant programs. It will serve as the framework for the prioritization and implementation of coordinated transportation projects seeking federal funds through applicable Federal Transportation Administration (FTA) programs.

The overarching goal of human service transportation coordination is to expand statewide and regional capacity to provide increased mobility for transit-dependent individuals including people with disabilities, older adults, low-income residents, and others with limited access to transportation by identifying the specific needs that are being met in an inefficient way by human service agencies or are not being met at all.

COORDINATED PLANNING PROCESS

The federal requirement for entities to develop a coordinated transportation plan began in 2005 with the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) legislation that required a “locally developed, coordinated public transit-human services transportation plan.” Beginning in Federal Fiscal Year 2007, projects supported by Federal Transit Administration (FTA) Transportation for Elderly Persons and Persons with Disabilities (Section 5310), Job Access and Reverse Commute (Section 5316), and New Freedom (Section 5317) funds were required to be derived from such a plan.

SAFETEA-LU ended when the new transportation legislation, Moving Ahead for Progress in the 21st Century (MAP-21), took effect in October 2012. One of MAP-21’s central goals was to eliminate certain smaller and more specialized programs (Section 5316 and Section 5317) and consolidate projects that are typically funded by Section 5316 and 5317 into larger programs (Section 5311 and Section 5310, respectively) thereby providing more flexibility. In some ways, this approach strengthens the coordinated planning process because rather than merely expecting programs to be coordinated, the funding sources themselves are coordinated and consolidated. Additionally, MAP-21 reduced the need for the coordinated planning process to only include those projects funded by the 5310 program, renamed “Enhanced Mobility for Seniors and Individuals with Disabilities”. FTA recommends that these projects are included in a coordinated transportation plan, but they no longer need to be “derived from” a coordinated transportation plan, which creates a less stringent coordinated plan requirement than SAFETEA-LU. Additionally, the competitive selection process, which was required under SAFETEA-LU, is now optional.

PLAN OBJECTIVES

The objectives of the 2014 update to the Vermont Human Service Transportation Coordination Plan are to:

- Review and assess the effectiveness of existing public transportation and human service coordination
- Identify the funding sources for existing transportation service
- Confirm and identify needs being met by the current system and gaps in service that are not being met
- Identify coordination strategies to enhance transportation access, efficiency, and effectiveness for human service transportation clients.

HUMAN SERVICE TRANSPORTATION COORDINATION DEFINED

Federal funding for both public transportation agencies and human service agencies providing transportation began as early as the 1960s. These funding sources typically had specific rules as to which clients may be transported, how to report data and manage accounts, and how to provide service, which created a barrier to coordination by fostering a “silo” effect on the specific funding programs.

When SAFETEA-LU was made law, human service transportation (HST) coordination became a goal of transportation agencies. HST occurs when multiple organizations – human service agencies, transportation providers, and state/federal transportation agencies – work together to meet the needs of populations their agencies serve. HST coordination provides many benefits to these organizations including:

- Gaining economies of scale
- Utilizing vehicles and other resources to full capacity
- Eliminating duplication and service overlap
- Standardizing information and procedures
- Expanding and improving the quality of service

Human service coordination includes strategies that range from basic sharing of resources and information to the full consolidation of services.

HSTCP REQUIREMENTS

As the designated recipient of funds for the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities, VTrans is responsible for ensuring that the HSTCP update meets the requirements of FTA and MAP-21. To do this, VTrans hired the Parsons Brinkerhoff consulting team to undertake the following activities between January 2014 and August 2014:

- Review the 2008 HSTCP to identify and understand existing coordinated transportation planning efforts
- Identify the number and location of the target demographics (persons with disabilities, persons with low income, older adults, persons without a vehicle, and persons on Medicaid) for the entire state. The HSTCP also identifies number and locations of jobs in the state.
- Update the 2008 inventory of public, private, and nonprofit transportation services in each region, assembled through surveys with public transit operators and human service program staff and verified by each regional commission

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- Assess service gaps and the transportation needs of members of the target populations in each region, based on comments from stakeholders, meetings with the Public Transit Advisory Committee (PTAC)
- Formulate strategies to address transportation needs at the state level and prioritization of these strategies with input from state, regional, and local stakeholders.
- Outreach to regional and local stakeholders through various meetings and discussion sessions
- Identify any transportation offered outside of the transit agencies by the human service agencies.

The scope of this plan is statewide, focusing on the target populations served by the transportation programs and services supported by each of the federal programs, and the associated state and local matching funds.

PUBLIC INVOLVEMENT

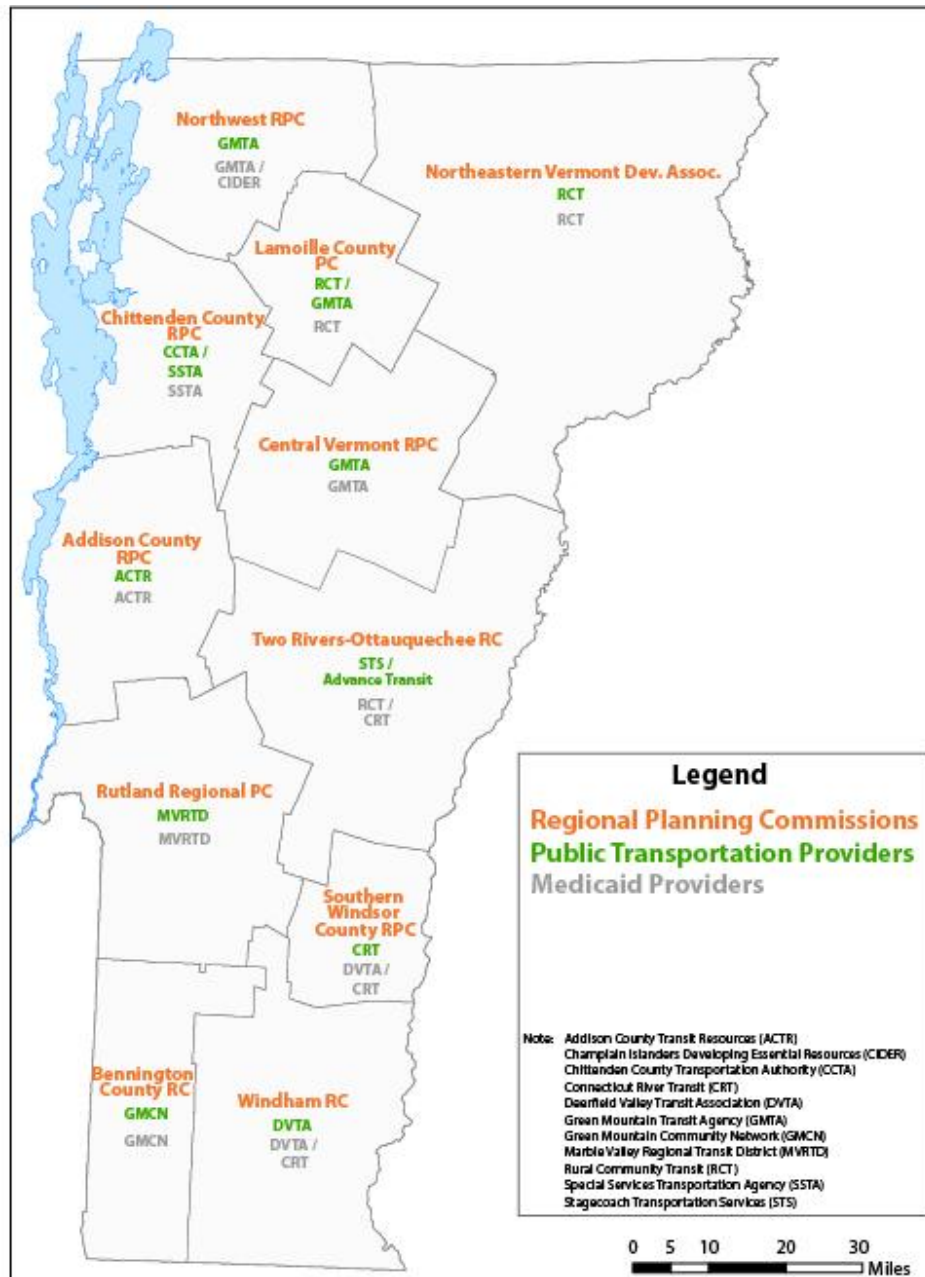
Input regarding target populations, existing transportation services, and transportation gaps and needs was collected through various public outreach efforts including:

- Two meetings of the Vermont Public Transportation Advisory Committee (PTAC) on January 9, 2014 and June 19, 2014. Attendees included staff from VTrans, regional transit agencies, regional planning commissions, and councils on aging. The meeting notes and full list of attendees can be found in Appendix A.
- In the spring of 2014, the eleven Regional Planning Commissions were invited to provide comments on their unique current transportation needs and challenges, target populations, and innovative solutions that have been developed since the previous HSTCP in 2008. Each RPC was encouraged to solicit input from the regional Transportation Advisory Committee, Boards of Directors, regional Elderly & Disabled (E&D) committees, and any other relevant regional stakeholder, such as the Area Agency on Aging. Comments were received from four regions: Central Vermont, Champlain Valley, Southeast Vermont, and Southwest Vermont. All responses collected during this effort are available in Appendix C.
- Nelson\Nygaard Consulting Associates administered two data collection surveys to compile information about how money is flowing from the federal government to local human service transportation programs. These surveys were distributed to select staff members in the Vermont Agency of Human Services and staff members of the regional public transit providers.
- VTrans staff member visited three regions in person to have discussions, including:
 - April 28, 2014 Rutland Regional Elderly & Disabled Persons Advisory Committee, Rutland, VT
 - May 8, 2014 Two Rivers Ottauquechee TAC Regional TAC meeting, Norwich, VT
 - May 28, 2014 Lamoille County Regional TAC meeting, Morrisville, VT
- VTrans staff member attended two of the monthly Transportation Planning Initiatives, which is a collective of the Regional Planning Commission's Transportation Planners, on March 20, 2014 and April 17, 2014.

PLANNING REGIONS

For the purposes of this process, Vermont was divided into ten HSTCP planning regions, originally identified in the 2008 HSTCP. These regions are based on the service areas of the state's public transportation providers and Regional Planning Commissions (RPC). Figure 1 depicts each of these planning regions, the public transportation provider(s) that serves each region, and the Medicaid provider that serves the region.

Figure 1 Vermont Planning Regions



HSTCP CONTENTS

After the introductory chapter, the 2014 HSTCP is organized as follows:

- **Chapter 2: Transportation Funding in Vermont.** This chapter identifies the different federal and state funding sources for existing human service transportation services.
- **Chapter 3: Target Populations and Services.** This chapter provides maps that depict the geographic location of the target populations in relation to existing services.
- **Chapter 4: Transportation Gaps and Needs.** This chapter identifies the human service transportation gaps and needs as collected during the public involvement process.
- **Chapter 5: Coordination Solutions and Recommendations.** This chapter provides recommendations for effective coordination solutions that will address the transportation gaps and needs.

2 TRANSPORTATION FUNDING IN VERMONT

A key effort of the HSTCP update was to inventory federal and state funding sources for human service transportation to obtain a full understanding of where resources currently exist and how they are being used by state and local agencies and organizations.

METHODOLOGY

Data for this task was collected through two main outreach efforts:

- An online survey was sent to the regional public transit agencies to identify the extent to which Vermont's public transit agencies provide transportation services under contracts with human service organizations and the value and structure of those contracts. In some cases, follow up telephone conversations were required to collect a complete dataset, but data was successfully collected from all of Vermont's 10 public transit agencies.
- An online survey was sent to the Vermont Agency on Human Service (AHS) departments requesting information about the types of transportation that they provide, purchase of service from a public transit system and the FY2013 budget for transportation services for each department. In several cases, follow up telephone conversations were required to collect a full dataset.

The data collected was used to develop the funding flow charts for each region (Appendix E), which show the process of how funding flows from top to bottom: from the federal agencies to the state implementing agencies to the local implementing agencies, and finally to the local transportation operators. These flow charts were sent to each Regional Planning Commission (RPC) to review for accuracy.

FEDERAL SOURCES OF HUMAN SERVICE TRANSPORTATION FUNDING IN VERMONT

While there are a variety of programs that include some resources for transportation the majority of funding comes from a handful of federal agencies. As shown in

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Figure 2, the federal agencies that spend the largest amount of money on human service transportation are:

- Federal Transit Administration (FTA)
- Department of Health and Human Services (DHHS), including the Center for Medicare and Medicaid Services (CMS)
- Veterans Administration (VA)

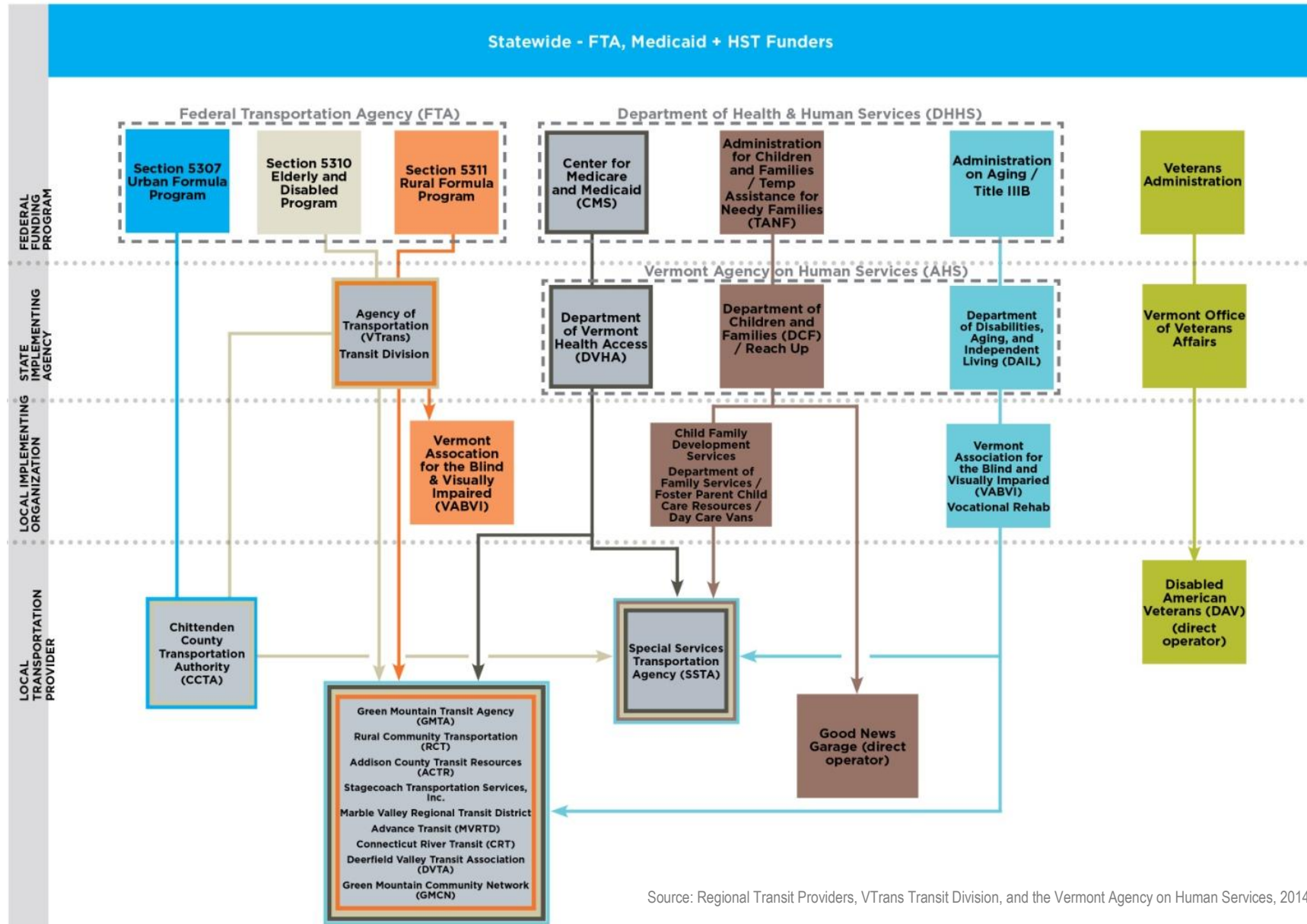
Transportation funding from each of these federal funding programs then flows to state-level implementing agencies. A significant amount of state funding is added to each program in order to satisfy federal matching requirements as well as to create more robust programs.

- The Vermont Agency of Transportation (VTrans) administers FTA funds (Section 5311 and 5310 only).
- The Vermont Agency of Human Services (AHS) administers several programs, with transportation components. These include Reach Up/TANF/ through the Department of Children and Families (DCF) and Disabilities, Aging, and Independent Living (DAIL) funding. The Department of Vermont Health Access (DVHA), also part of AHS, administers Medicaid Non-Emergency Transportation, a major source of human service transportation funding in Vermont
- Vermont Office of Veterans Affairs administers funding for transportation for veterans.

Federal transportation funding is then passed down to local implementing organizations that for the most part are unique to each region; however, there are a number of transportation services that serve the entire state (see Figure 2). At the state level, the local implementing organizations typically either use their transportation funds to operate transportation services themselves or purchase services from one or more of Vermont's transit operators. Figure 2 shows the funding sources for transportation federal services that operate in every region across the state. Similar graphics for each region can be found in Appendix D.

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Figure 2 Statewide Federal HST Funding Sources



Source: Regional Transit Providers, VTrans Transit Division, and the Vermont Agency on Human Services, 2014.

Public Transit System Contracts

Each of the regional public transit systems, with the exception of Advance Transit, provides transportation service under contract with local human service organizations, which follows the 1989 Vermont Statute that states:

The secretary of human services shall direct agency of human services programs to purchase client transportation through public transit systems in all instances where public transit services are appropriate to client needs and as cost-efficient as other transportation¹.

Figure 3 shows the Department of Children and Families/Reach Up (DCF) and the Department of Disabilities, Aging and Independent Living (DAIL) funded organizations that partner and coordinate with the public transit operators to varying degrees. This ranges from participation in regional advisory committees and cooperative regional grant submittals, to actual purchase of service from the transit operators. Generally speaking, the transit provider serves as the regional broker and provider of transportation services for the partners listed next to them in the table below.

Figure 3 Public Transit System Human Service Transportation Partners²

Transit Operator	Partners
Rural Community Transportation, Inc.	Northeast Kingdom Community Action
	Umbrella Family Services
	Department of Child Family Service / Foster Parent
	Riverside Life Enrichment Center
	Northeastern Vermont Area Agency on Aging
	Northeast Kingdom Human Services
	The Meeting Place Senior Center
	Out and About Adult Day
	Central Vermont Council on Aging
	Central Vermont Community Action Committee
	Community Support Services Program
Green Mountain Transit Agency (CCTA – Rural Service)	Care Partners
	Champlain Valley Agency on Aging
	Champlain Islanders Developing Essential Resources
	Montpelier Housing Authority
	Central Vermont Council on Aging
	Project Independence – Barre

¹ The Vermont Statutes Online. Title 24: Municipal and County Government. Chapter 126 Public Transportation, Public Transportation Policy. <http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=24&Chapter=126>

² Transit agencies are providing services to the partners either through a direct contract or by funding the program entirely.

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Transit Operator	Partners
Special Services Transportation Agency (CCTA – Urban Service)	Towns (Colchester, Huntington, etc.)
	Cathedral Square
	Champlain Valley Agency on Aging
	Milton Family Community Center
	Visiting Nurses Association
	Star Far Senior Center
	Kindred Birchwood Terrace
	Fletcher Allen Health Care
	Burlington Health and Rehab
	Green Mountain Adult Day
	Wake Robins
Addison County Transit Resources	Homeless Coalition / Transitional Housing
	Champlain Valley Office of Economic Opportunity
	John Graham Shelter
	Addison County Community Action Group
	Champlain Valley Agency on Aging
	Counseling Service of Addison County
	Farm Coalition
Deerfield Valley Transit Association	The Gathering Place
	Southeastern Vermont Council on Aging
Green Mountain Community Network	United Counseling Services of Bennington County
	Project Against Violent Encounters
	Bennington Project Independence (BPI)
	Vermont Center for Independent Living (VCIL)
	Southwestern Vermont Medical Center
Advance Transit	No Contracts
Connecticut River Transit, Inc.	Springfield Family Center Parks
	Place Community Resource Center
	Bellows Falls Senior Center
	The Gathering Place
	Springfield Adult Day
	Southeastern Vermont Council on Aging - Brattleboro
Stagecoach Transportation Services, Inc.	Public Housing Sites
	Upper Valley Services
	Oxbow Senior Independence Program (OSIP)
	Gifford Adult Day
	Orange - East Senior Center
	Southeastern Vermont Council on Aging
	Chelsea Senior Center
	Hancock Senior Center

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Transit Operator	Partners
Marble Valley Regional Transit District	Randolph Senior Center
	Royalton Senior Center
	Vermont Achievement Center
	Bennington Rutland Opportunity Council
	Southwest Vermont Council on Aging
	Vocational Rehabilitation
	Retired Senior Volunteer Program (RSVP)
	Bridges and Beyond (Rutland Regional Medical Center)

Source: Regional Transit Providers, VTrans Transit Division, and the Vermont Agency on Human Services, 2014.

FEDERAL TRANSIT ADMINISTRATION (FTA) FUNDING

The Federal Transit Administration (FTA) oversees three grant programs that are used to support the operating and/or capital expenses of public transportation services. VTrans is the designated recipient of nearly all FTA grants apportioned to Vermont (with the exception of Section 5307 funds, as explained below). FTA funds include:

- Section 5307 Urban Transit Formula Funds are distributed to areas with a population of 50,000 or more as designated by the U.S. Census, and fund transit capital, transportation-related planning, and job access and reverse commute projects. In Vermont, Chittenden County Transportation Authority (CCTA) is the only public transit system that receives Section 5307 funding. Section 5307 funding flows directly from the FTA to CCTA and is not administered by VTrans. The Governor designated CCTA as the 5307 recipient which allows the funds to pass directly to CCTA.
- Section 5311 Rural Transit Formula Funds provide capital, operating, and planning funding assistance for public transportation projects in non-urbanized areas (less than 50,000 residents). In Vermont, Section 5311 funding is administered by VTrans which passes funding to the nine rural transit providers.
- Section 5310 Enhanced Mobility for Seniors and Persons with Disabilities provides funding for eligible activities to enhance mobility for seniors and people with disabilities. In Vermont, Section 5310 funding is administered by VTrans which passes funding to CCTA and the nine rural transit providers.

Further details about each FTA grant program and changes to FTA funds with new MAP-21 legislation are provided in section on MAP-21.

Public Transit Funding

Figure 4 shows public transit funding within VTrans' Public Transit Division between fiscal year 2007 (when the previous HSTCP was published) and fiscal year 2015. Overall funding for the division increased by 57% due to an increase in federal funds over this period, and includes a pass-through of funds to the Chittenden County Transportation Authority (CCTA). The small decrease (11%) in Federal Section 5310 program funds over this period was offset by an increase in Section 5311 funding as part of the consolidation of smaller FTA programs. The Vermont Elderly and Disabled (E&D) Transportation Program, funded through the FTA Section 5311 and state dollars, increased by 30% over this period.

Figure 4 VTrans Public Transit Division Funding

Fiscal Year	VTrans Public Transit Division Programs		
	All Transit Division Programs (including, but not limited to, E&D and Section 5310)	Vermont Elderly & Disabled (E&D) Persons Transportation Program ³	Section 5310 FTA Formula Funds
2007	\$20,136,000	\$2,590,500	\$620,000
2008	\$19,046,376	\$3,148,369	\$620,000
2009	\$21,294,275	\$3,149,550	\$620,000
2010	\$22,332,916	\$3,349,550	\$367,352
2011	\$26,088,462	\$3,499,550	\$385,750
2012	\$27,661,434	\$3,499,550	\$381,710
2013	\$27,557,047	\$3,499,550	\$380,509
2014	\$30,723,328	\$3,499,550	\$380,509
2015	\$31,762,262	\$4,098,819	\$550,000

Source: VTrans Transit Division, 2014.

MEDICAID NON-EMERGENCY TRANSPORTATION FUNDING

Non-Emergency Medicaid Transportation (NEMT) funding is distributed by the federal Center for Medicare and Medicaid to the Agency of Human Services Department of Vermont Health Access (DVHA). DVHA then distributes funding to the rural public transit providers who serve as brokers, managing NEMT trips and delivering services.

Funding for NEMT increased by 47% between FY 2007 and FY 2013. Between FY 2012 and FY 2013 funding increased by 33%; this increase reflects a combination of more individuals using more Medicaid service and a change in the payment methodology that reflects a per member / per month reimbursement.

Figure 5 Medicaid NEMT funding

Fiscal Year	2007	2008	2009	2010	2011	2012	2013
Medicaid NEMT Funding (in millions)	\$7.9	\$8.7	\$10.1	\$9.0	\$8.9	\$8.8	\$11.7

Source: Department of Vermont Health Access (DVHA), 2014.

Medicaid NEMT Changes with the Affordable Care Act (ACA)

In 2014, at the time this report was prepared, the Affordable Care Act (ACA) was still in the implementation phase, but once fully deployed, the ACA will expand insurance to those who were previously without coverage, thus increasing demand for transportation access, especially in states where Medicaid has been expanded. Additionally, the ACA emphasizes an outcomes-based approach to providing care that incentivizes insurers and healthcare providers to look for strategies to improve health outcomes. These strategies will expand beyond the typical medical techniques to include social

³ The Vermont Elderly & Disabled Persons Transportation programs funding amount includes federal funding and approximately \$100,000 of state funds provided for transportation in the urban areas of Chittenden County.

and environmental determinants of health, which include land use and transportation. High-quality transportation that reduces reliance on emergency services and helps ensure access to preventive care has been shown to have a positive return on investment relative to the cost of care when transportation is limited.

The ACA will directly impact Medicaid Non-Emergency Medical Transportation (NEMT) by increasing the number of Americans who have access to Medicaid, which will thus increase the number of NEMT trip requests. Vermont opted into Medicaid Expansion with the ACA; now anyone living below 133% of the Federal Poverty Level (FPL) can enroll in Medicaid along with those in certain population groups such as children, people with disabilities, and older adults. DHVA expects the impact of these changes to be relatively minor. Current enrollment in Medicaid is 139,000, which will increase by an additional 10%, or about 14,000 people, once the ACA is fully implemented.⁴

In Vermont, regional public transit providers manage NEMT trips and deliver services. These providers function as brokers and assign and provide trips. In order to accomplish an outcome-based approach, the Medicaid NEMT payment system has changed from mileage-based payments to per-member-per-week payment, which is based on historic ridership costs and reflects membership, not usage. The implications of this change are still unclear because the transition to this payment system is still underway, but the new payment process will be helpful in coordinated services because the shared cost allocation is already in place.

HUMAN SERVICE AGENCY FUNDS

Department for Children and Families (DCF)

The Vermont Agency of Human Services Department for Children and Families (DCF) administers funding distributed by the Federal Department of Human Services Administration for Children and Families.

Temporary Assistance for Needy Families (TANF) accounts for the majority of the DCF funds that are allocated to local implementing organizations (such as Child Family Development Services) and local transportation providers (such as the Good News Garage) and rural public transit providers. TANF block grants may be used by states to finance transportation and other support services that will make it easier for individuals to find and maintain employment, or help to achieve other goals of the welfare reform effort.

In Vermont, TANF funds are administered by the Reach Up program. In FY2013, Reach Up spent approximately \$1,216,301 for human service transportation through the following programs:

- **Ready to Go.** \$732,059 was spent in FY2013 on transportation funding for people traveling to and from job related activities. This is a dial-a-ride service operated by the Good News Garage in Burlington.⁵
- **Vehicle Purchase program.** \$157,045 was spent in FY2013 to provide grants to people to purchase a donated, refurbished vehicle. People donate vehicles, which the Good News Garage repairs and then sells them to low income individuals and families. Individual may receive a TANF grant to purchase the car.
- **Car Coach Program.** \$45,021 was spent in FY2013 to hold workshops to teach people car readiness skills (e.g. budgeting, maintenance, vehicle licensing requirements, etc.) People are

⁴ Kaiser Family Foundation – The Kaiser Commission on Medicaid and the Uninsured

⁵ Note that some people in Chittenden County get a bus pass in lieu of Ready to Go services. There is no data on how many bus passes are provided or how much, just that they do this when it makes sense.

supposed to take this workshop before getting a donated vehicle grant. This grant can also be used to support vehicle repairs and evaluations to determine if a vehicle needs to be salvaged.

- **Miscellaneous (“Non-Medicaid Transportation”).** \$149,527 was spent in FY2013 to support employment-related activities (but not transportation to paid jobs) through a partnership with the Medicaid transportation brokers (i.e. the public transit providers). The program is statewide and supplements areas outside of the Ready-to-Go service area, namely Bennington and the Northeast Kingdom (Newport and St. Johnsbury). These rides are primarily to work opportunities and community service placements which are where Reach Up participants work on developing employment related work skills. These activities are often a bridge to employment.
- **Northeast Kingdom Community Action (NEKCA).** \$132,649 was spent in FY2013 to support a van and operating costs to NEKCA, which uses the van to bring people to and from program activities.

Between FY 2007 and FY 2013, the Reach Up program expanded funding for transportation by 15% through several new programs including the vehicle purchase program, the car coach program and funding for the Northeast Kingdom Community Action (NKCA) (see Figure 6). The Ready to Go program lost 20% of the program funding during this period.

Figure 6 Reach Up Transportation Expenditures

Fiscal Year	2007	2013	Change
Ready to Go	\$914,361	\$732,059	-20%
Vehicle Purchase	n/a	\$157,045	n/a
Car Coach	n/a	\$45,021	n/a
Non-Medicaid	\$144,063	\$149,527	4%
NEKCA	n/a	\$132,649	n/a
Total	\$1,058,424	\$1,216,301	15%

Source: Department of Children and Families (DCF), 2014.

Disabilities, Aging, and Independent Living (DAIL)

The Vermont Agency of Human Services Department of Disabilities, Aging, and Independent Living (DAIL) administers funding from the Federal Department of Health and Human Services Administration on Aging, which is authorized by the Older Americans Act of 1965. These programs support a variety of services for seniors, especially those who are frail or vulnerable, including home-delivered and congregate meals, preventive health care, in-home services, senior centers, transportation, ombudsman services, insurance and benefits counseling, and community service employment.

Title III of the Older Americans Act supports programs and services that are intended to aid active seniors and older adults who are at risk of losing their independence. Types of programs and services that are funded under different parts of Title III include Supportive Services (Part B), Nutrition Services (Part C), and Disease Prevention and Health Promotion Services (Part D). Transportation is an allowable expense under Title III-B. People transported using these funds must be aged 60 or more and the operator cannot charge passengers a fare, although voluntary contributions are allowed. Recognizing that there are not enough Title III-B funds to serve the entire population, the intent of the program is to serve those individuals with “the greatest social and economic needs”.

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In Vermont, DAIL distributes Administration on Aging and Title III-B funds to local implementing organizations, Adult Day Centers and Area Agencies on Aging (AAAs), which purchase transportation services from a local transportation provider, either a senior center or other organization that directly operates transportation, or a rural public transportation operator.

Area Agencies on Aging (AAAs)

In FY2013, DAIL provided \$296,129 for AAAs to provide or purchase transportation for clients. This number is a 17% decrease in funding since FY 2007.

Figure 7 DAIL Funding for AAAs FY 2007 vs. FY 2013

Area Agency on Aging (AAA)	FY 2007	FY 2013	Change
Central Vermont Council on Aging	\$56,916	\$50,068	-12%
Champlain Valley Agency on Aging	\$142,936	\$148,346	4%
Council on Aging for Southeastern Vermont	\$102,052	\$49,325	-52%
Southwest Vermont Council on Aging	\$54,677	\$48,390	-11%
Northeast Kingdom Council on Aging	\$0	\$0	n/a
Total	\$356,581	\$296,129	-17%

Source: Department of Disabilities, Aging, and Independent Living (DAIL), 2014.

Adult Day Centers

In FY 2013, the vast majority of the funding to transport Adult Day Center clients is sourced from Vermont E&D Transportation Program funds and Medicaid Non-Emergency Transportation funds, while DAIL provides a small amount of money in a flexible account that can be used for transportation at the discretion of the Adult Day Centers. DAIL provides approximately \$8,000 per Adult Day Center for their discretionary use, although it is unclear at this time how much, if any, of these funds are used for transportation. It is likely that a small percentage of the \$8,000 per center is used to help with occasional higher need transportation, such as someone who lives far outside of the regional transit service area and needs to get to a medical appointment.

DAIL provides a small amount of funding for transporting clients to the Adult Day Centers, therefore, the obligation to provide and pay for these trips is drawn from the Vermont E&D Transportation Program. It should also be noted that VTrans, through Federal, State, and Local transportation funds, provide the majority of the vehicles for this program, transporting individuals to and from the Adult Day Centers often involves serving some of the highest need and most frail members of the community. As a result, each trip tends to be expensive to provide and can require a substantial portion of the overall funds available to provide transportation.

Veterans Administration Transportation Funds

The three most prominent transportation services for veterans typically center on trips to the Veterans Administration Medical Center (VAMC).

- **Local/regional service provided statewide.** The first service is typically operated by VAMC staff, or a contractor or contractors, and often is operated with accessible vehicles. In some cases, a third party entity replaces VAMC staff to fulfill call center or broker functions. Some of these services are fixed-route shuttles, while others provide demand-response door-to-door service.

- **Long distance service.** The second service includes non-accessible Disabled American Veteran (DAV) vans operated by DAV volunteer drivers from locations far from the VAMC location.
- **Mileage reimbursement.** The third “service” includes mileage reimbursement programs where a veteran unable to use one of the above services drives him/herself to the VAMC – or gets a family member or friend to drive him/her – with the driver being paid in advance for mileage driven. Spending for the VA Travel Beneficiary Program increased by 285% between FY2006 and FY2010, and the number of veterans claiming travel reimbursement increased by 30% during the same time period.⁶

Although the total amount of money spent by the VA on transportation is unknown for Vermont, it is clear that each of the three types of transportation is occurring.

- White River Junction VA Medical Center has a one-trip-per-day shuttle that travels from White River Junction to Manchester, New Hampshire, and Jamaica Plain and West Roxbury in Massachusetts and returns to White River Junction.
- Two regions have shuttle services operated by the Vermont Veterans Home and Dodge House Shuttle Services, which are both funded by the Veterans Administration.
- Eight of the regions have Disabled American Veteran (DAV) van service.
- VA Travel Beneficiary program is offered to eligible veterans in every state.

Additionally, there are several veteran-focused initiatives currently happening in the State:

- Vermont received a Veterans Transportation and Community Living Initiative (VTCLI) grant to fund several capital programs, which will be supplemented by additional FTA funding for operations.
- A University of Vermont study will establish a baseline of existing veteran needs to determine more specifically the gap in transportation services, target the ideal outreach methodology and determine the complete list of service providers and their partners. Once this baseline is established it will provide a starting point with which to measure the success of the VTCLI initiatives. Preliminary findings from the study indicate that there is little, if any, coordination between VA and DAV-sponsored transportation and public or human service transportation. This lack of coordination might be partly due to VA restrictions about purchasing service from providers other than for NEMT.
- Family support services at the military bases across the state provide an informal network of volunteer drivers and friends and family who provide rides from the base to the VAMC and clinics.
- Additionally, veterans are using the regional public transit systems to get to medical appointments and other services; however, it is impossible to know to what extent they are using public transit because their veteran status is not recorded.

Although there are several options for veterans to get to medical appointments, there is a large need for additional transportation resources for veterans to get to work opportunities and other trips not associated with the VAMC. This need can be filled by taking advantage of surplus capacity on statewide fixed route, dial-a-ride, and volunteer services.

⁶ Lyn Stoesen. *Veterans Affairs Beneficiary Travel Program: Questions and Answers* (Congressional Research Service, 2011).

3 TARGET POPULATIONS AND SERVICES

The two most important factors that determine the demand and need for public transportation are the density of population and employment (land use patterns) and community demographics. Densely developed areas, by definition, have a lot of people traveling to and from them; public transportation can be effective in these environments because there is a large concentration of travelers. In addition, transportation in densely developed areas tends to be more constrained, either in terms of traffic congestion, limited parking supplies, or high parking charges, which can make public transportation comparable to private transportation in terms of cost and convenience.

Another factor influencing the demand and need for public transportation is demographic characteristics, namely people who always or sometimes have limited access to private transportation. For example, people may be unable to drive because they cannot afford to own or operate a private vehicle, or are unable to drive because of a physical disability. A critical part of the HSTCP research, therefore, involved understanding the size and spatial distribution of population that have a higher likelihood of relying on public transportation for their travel. These populations are generally considered to be older adults, youths aged 18 and under, people with disabilities, people with low incomes, and people living in zero vehicle households. This chapter explores and illustrates where these target populations live in Vermont with a special focus on changes between the 2008 plan and this 2014 update.

METHODOLOGY

Two resources were used to collect the data portrayed in this analysis. The American Community Survey (ACS) Five-Year Estimates (2008-2012) provided by the United States Census Bureau were the key source for updating the demographic information throughout the state. The data for all but one map is displayed at the Census Block Group level, the smallest geographic unit for which information is published. Additionally, the existing Vermont Center for Geographic Information (VCGI) provided existing conditions and state level data.

The map for each target group highlights the population by Census block group or Census tract for that group. Blocks or tracts with a darker shade indicate a higher number of people living in that area. The following demographic indicators are shown below:

- People Age 65 and Older by Census Block Group
- People with Disabilities by Census Block Group
- People Living Below the Poverty Line by Census Block Group
- Medicaid Recipients by Census Tract
- Autoless Households by Census Block Group
- Number of Jobs by Census Block Group
- Transit Propensity Map by Census Block Group

In addition to looking at the distribution of these population groups based on the 2012 ACS data, the study team also compared and contrasted the current data with data published in the previous 2008 HSTC Plan.

KEY FINDINGS

Overall, the major shifts between the data collected by the 2000 U.S. Census compared to the 2008-2012 American Community Survey show that there are more areas within the state that have residents likely to rely on public transportation. These findings are presented in Figure 8 and highlighted below.

- Vermont is getting older: The entire country is experiencing an increase of people within this age group. In addition, Vermont has the second oldest population in the country (second to Maine), which also presents challenges. While the overall population in the State of Vermont has grown slightly by 1.8% the population of individuals aged 60 and older increased by almost 40%. This means there are already considerable needs in the overall population; needs will also continue into the future.
- Overall, the data shows that there are an increasing number of households living in poverty. The number of *non-family households* with an income below \$20,000 has increased by about 11%.⁷ Non-family households include one-person households or multi-person households who are not related.
- However, the number of *family households* (i.e. households that contain more than one person and those people are related) with income less than \$20,000 has remained essentially level.⁸
- The number of households that do not have a vehicle has increased by 3.3% from 2000 to 2008-2012, which means that approximately 7,755 households are without personal transportation and will rely on friends, family, and public transportation resources for their transportation needs.
- Current data shows that persons with any type of disability make up approximately 13% of the total state population. Persons with a physical disability make up approximately 6% of the population. Unfortunately, trends in persons with disabilities are difficult to determine because definitions about disabilities changed between the 2000 Census and the 2008-2012 American Community Survey.

⁷ Poverty status is determined by comparing annual income to a set of dollar values called poverty thresholds that vary by family size, number of children and age of householder. If a family's before tax money income is less than the dollar value of their threshold, then that family and every individual in it are considered to be in poverty. For people not living in families, poverty status is determined by comparing the individual's income to his or her poverty threshold. Current poverty levels by household size can be found here: http://dcf.vermont.gov/esd/3SquaresVT/income_guidelines.

⁸ A household may consist of only one person but a family household must contain at least two members. Members of a multi-person household need not be related to each other, while the members of a family household must be related.

Figure 8 Demographic Comparative Statistics

Dataset	2000 Census	2008-2012 ACS	Percent Change
Population	608,827	619,928	1.8%
Age 60 and older	101,827	142,329	39.7%
Any disability (sensory, physical, mental) age 16-64	62,571	83,148	n/a ⁹
Physical disability	23,847	37,922	n/a ¹⁰
Households	240,744	258,520	7.4%
All Households with income less than \$20,000	51,373	57,200	11.3%
Households with no vehicle	16,461	17,009	3.3%
Family Households	158,684	160,878	1.4%
Family Households with income less than \$20,000	20,303	20,138	-0.81%

Source: American Community Survey Statistics from 2000 and 2012

DEMOGRAPHIC MAPS

People Age 65 and Older by Census Block Group

Historically, areas with a high concentration of seniors have been located in Chittenden County, Lamoille County, Orange County, and Windsor County. Specifically in 2000, the cities with the highest number of seniors were located in Springfield, Chester Depot, South Burlington, and White River Junction (see 2007 HSTCP). Using the 2008-2012 ACS estimates, the most noticeable areas with a high proportion of older adults are still outside of Burlington and White River Junction, with the addition of Montpelier, Barre, Newbury, Morrisville, Newport, Bennington, Woodstock, and Manchester (see Figure 9). These 10 major cities are ranked highest, with a range of 360-733 people age 65 and older per Census Block Group.

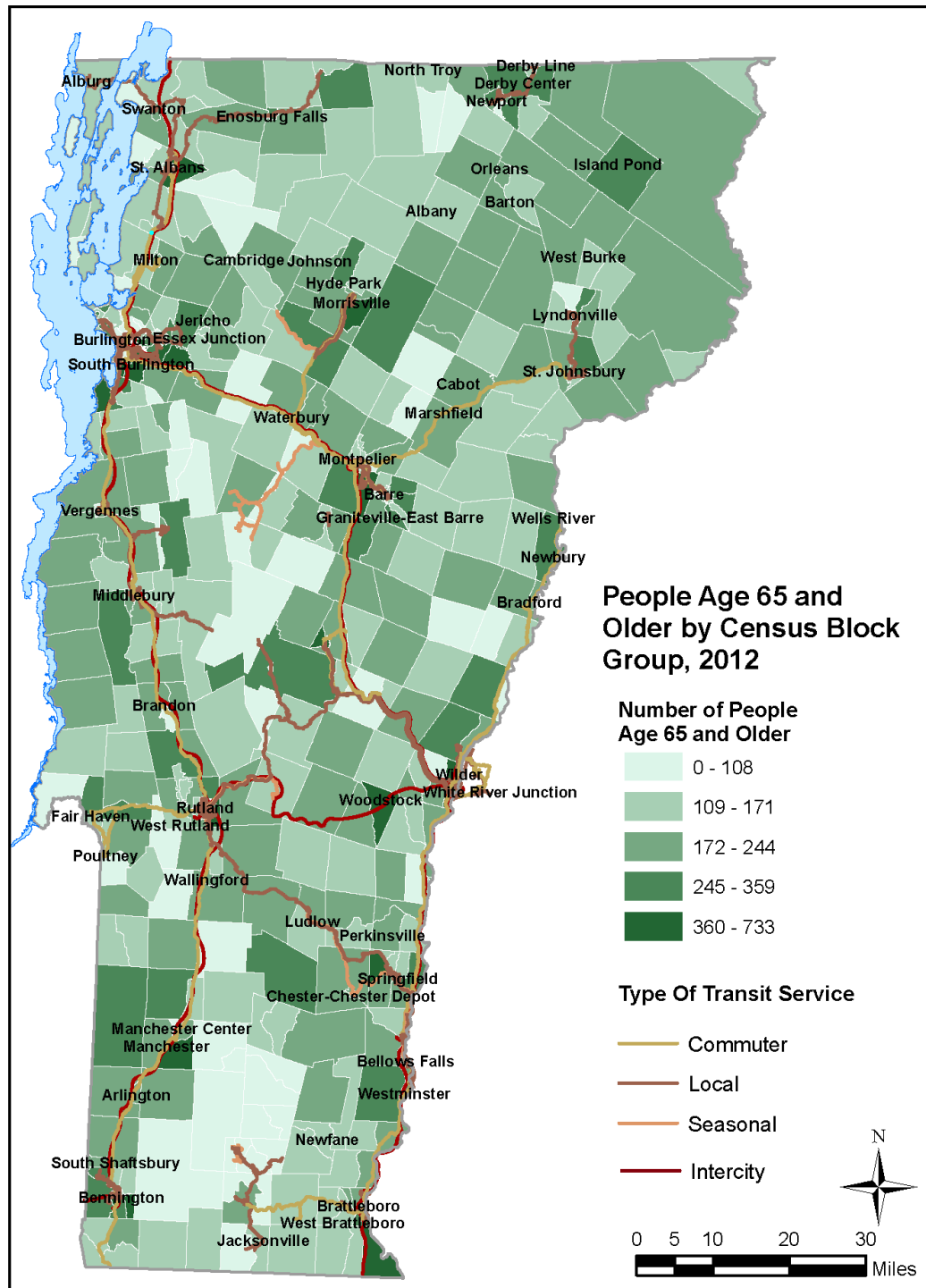
Generally speaking, communities with high concentrations of older adults have public transportation. The challenge, therefore, largely lies in the availability of service. Local fixed route transit service is available in several of the communities identified above and in many cases, these fixed route services are supplemented with dial-a-ride (DAR) service. For example, there is some fixed route service in the communities of Newport and St. Johnsbury and the rest of the county has access to dial-a-ride service; however, most of the dial-a-ride service is available on weekdays only.

Many transit providers across the state offer a dial-a-ride service. For example, the Current (Connecticut River Transit), fixed-route bus service located in Vermont's southeast corner including Windham and Windsor counties, offers dial-a-ride is a service that provides door-to-door service for those who cannot take more traditional fixed-route public transportation. Seniors who require additional assistance for daily tasks are eligible for this service, which is a resource for the large population of senior citizens in the Westminster, Bellows Falls, and Springfield areas. The dial-a-ride service is available Monday through Friday from 8:00 a.m. to 5:00 p.m.

⁹ After the 2000 U.S. Census, the ACS questions on disability were changed to coincide with recent models of disability. The questions focused on the presence of specific conditions, rather than the impact those conditions might have on basic functioning. An interagency group was formed to develop a new set of questions, which was used for the 2012 ACS. The new questions found in the current ACS cover six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. For this reason it is not statistically sound to compare the 2000 ACS results for disability with the results from 2012.

¹⁰ Same as above.

Figure 9 People Age 65 and Older by Census Block Group (2012)

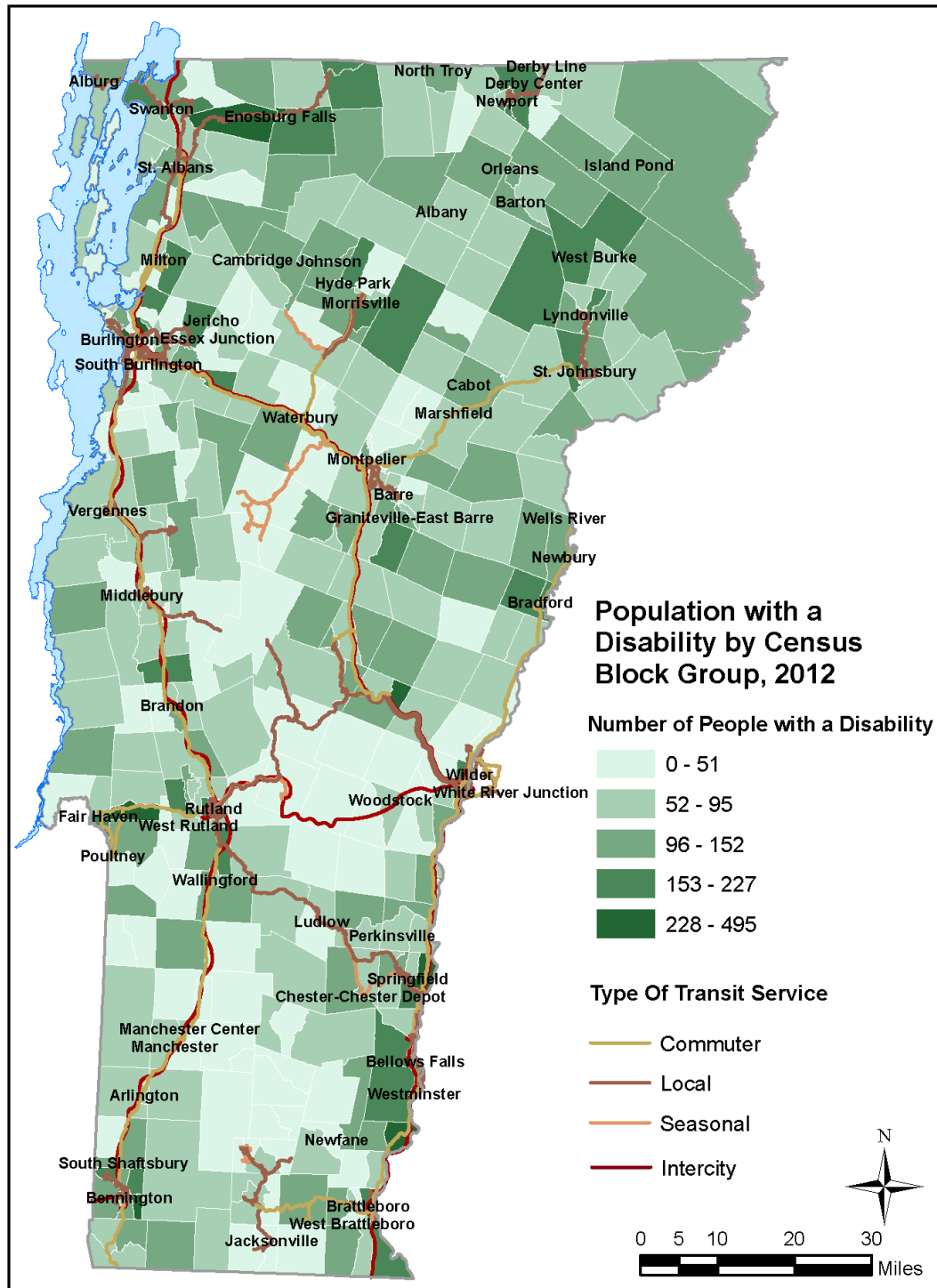


Population with Disabilities by Census Block Group

Current data suggests that cities with the largest population of people with disabilities include Enosburg Falls, Jericho, Springfield, Westminster, Fair Haven, Morrisville and Bradford, with a range of 288-495 residents (see Figure 10).

Over 80,000 Vermont residents, or about 13% of the state's population, report having a disability. Although there is no detailed information on the impact these disabilities may have on an individual's ability to own or operate a vehicle, overall people with disabilities tend to be more reliant on public transportation than the general population. Of the cities mentioned above, Westminster, Fair Haven, Bradford, Springfield, and Jericho have extensive commuter and local transit service. However, gaps in commuter service near Morrisville and Enosburg Falls can make it very difficult for people in the community with disabilities to get to larger cities for their needs. Areas that have a high number of people with disabilities are located primarily in Morrisville, Westminster, Bellows Falls, and outside of Burlington.

Figure 10 Population with a Disability by Census Block Group (2012)



Population Living Below the Poverty Line by Census Block Group

Over 26,000 households, about 10%, have incomes below \$25,000 per year. Transportation costs put tremendous strain on low-income household budgets. According to the Surface Transportation Policy Project report, “Transportation Costs and the American Dream” (2003), the poorest 20% of American households spend 40.2% of their take home pay on transportation.

For purposes of this study, low income households are defined as 150% of poverty level, which is a function of the household size and total income. Figure 11 illustrates the areas where the highest numbers of people who live below the poverty line are located in Vermont. Historically, cities such as St. Johnsbury and Brattleboro have been areas that have the highest number of households with an income under \$20,000. Newer data suggests that Census Block Groups in the North Western portion of the state including Enosburg Falls has a high number population living below the poverty line. However, areas in the South Eastern portion of the state including Brattleboro remain consistent with a high population living below the poverty line.

Medicaid Recipients by Census Tract

Medicaid is the largest human service program in the state. The Medicaid program recognized transportation as a barrier to accessing health care and, consequently, includes transportation benefits as part of the overall program. Medicaid funds Non Emergency Medical Transportation (NEMT), which ensures that Medicaid eligible individuals traveling to eligible activities who have no other means of transportation are eligible for the least cost and most medically appropriate transportation service available. People needing NEMT may travel any day of the week, at any time of the day (24/7), as long as they book their travel 24 hours in advance. There is no limit on the number of trips allowed and Medicaid funds the service.

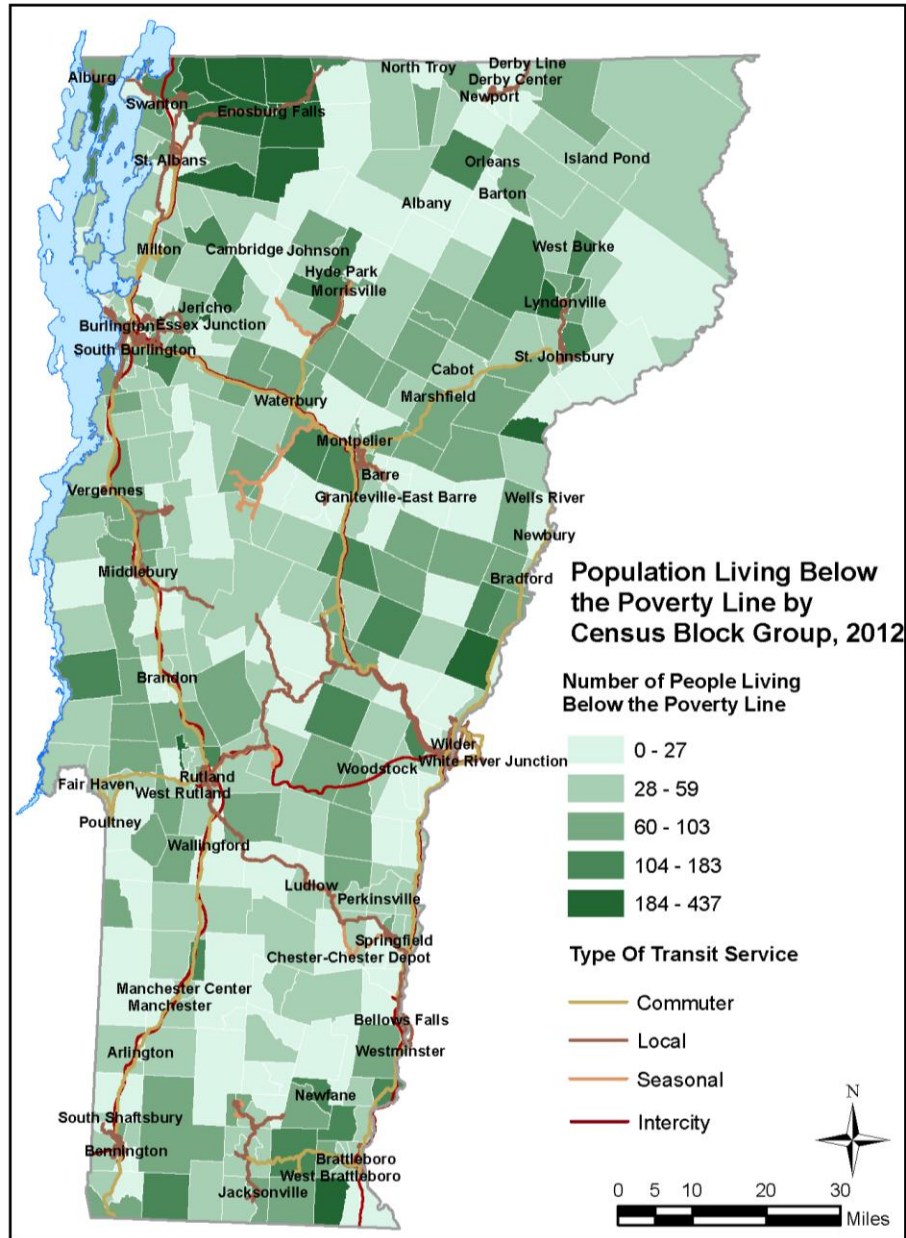
In Vermont, the public transit providers serve as the brokers for NEMT transportation. Over 150,000 residents statewide receive some Medicaid benefits (approximately 24%), which is similar to the national average (see Figure 12). In 2000, Bennington, South Shaftsbury and Rutland were the areas with the highest number of Medicaid recipients. Newer data suggests that the Northern portion of the state including Enosburg Falls and North Troy now have the highest concentration of Medicare recipients. Other noticeably high areas include West Burke and Springfield.

Autoless Households by Census Block Group

According to the 2008-2012 American Communities Survey, approximately 17,000 households in Vermont do not own a private vehicle. Currently, the major pockets of autoless households are found in Chittenden, White River Junction, Bennington, Barre, and Montpelier (see Figure 13). In many cases, autoless households correlate with low-income households, which suggests, at least in part, that many Vermont households are autoless not by choice but due to low income and affordability factors. Areas with high numbers of autoless households, however, have among the widest and most comprehensive fixed/flexible and commuter coverage in the state.

For residents who are not able to take the available fixed routes, dial-a-ride service is widespread throughout the state. For example, a dial-a-ride service is available in Addison County serving many of the census blocks with a high population living below the poverty line. Addison County Transit Resource (ACTR) provides dial-a-ride service to those who qualify for increased mobility where current fixed transit is not available or feasible. Dial-a-ride customers must be pre-qualified to use the service and must make reservations multiple days in advance.

Figure 11 Population Living Below the Poverty Line by Census Block Group (2012)



Source: The American Community Survey (ACS) Five-Year Estimates (2008-2012)

Figure 12 Medicaid Recipients by Census Tract (2012)

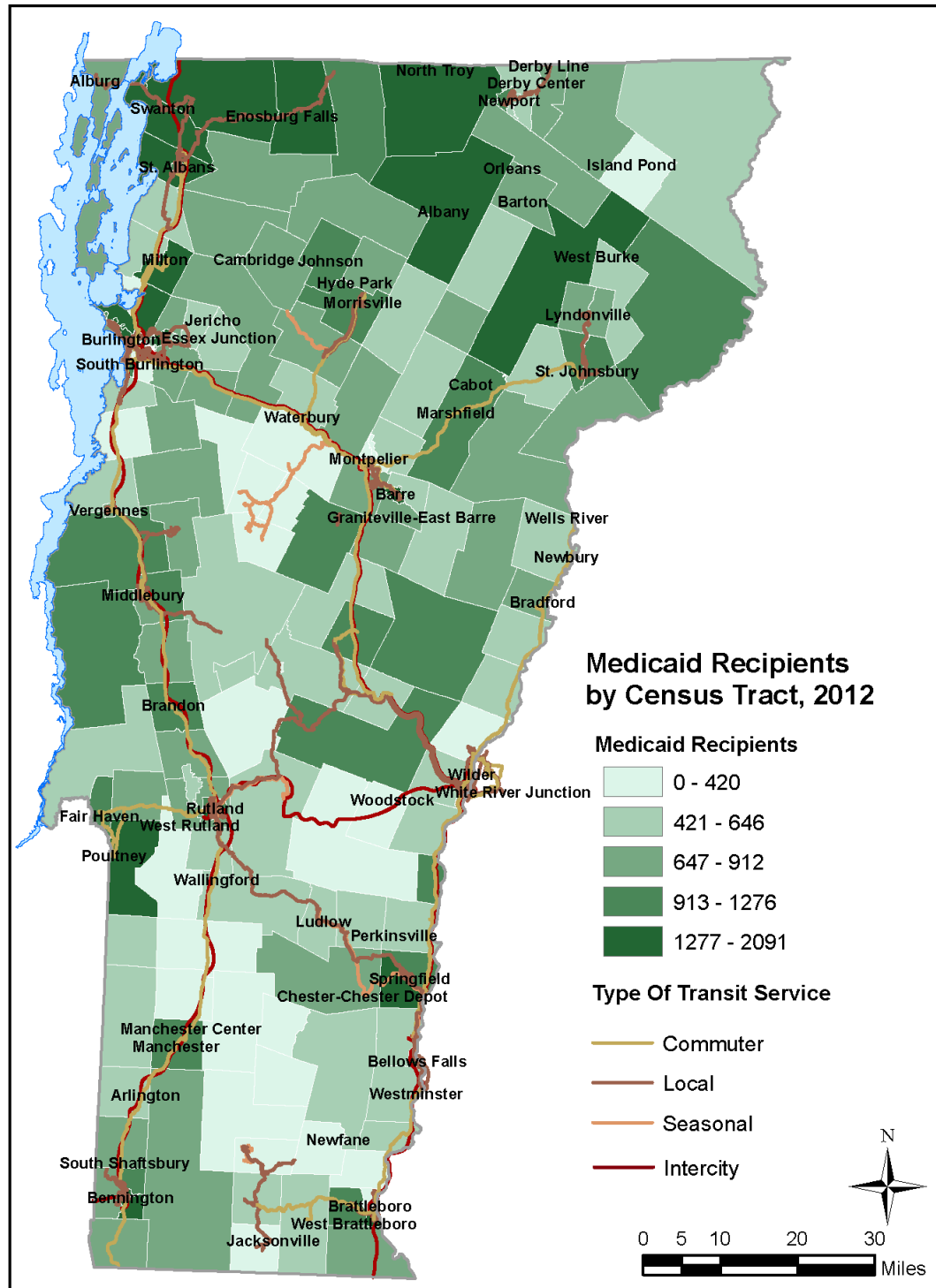
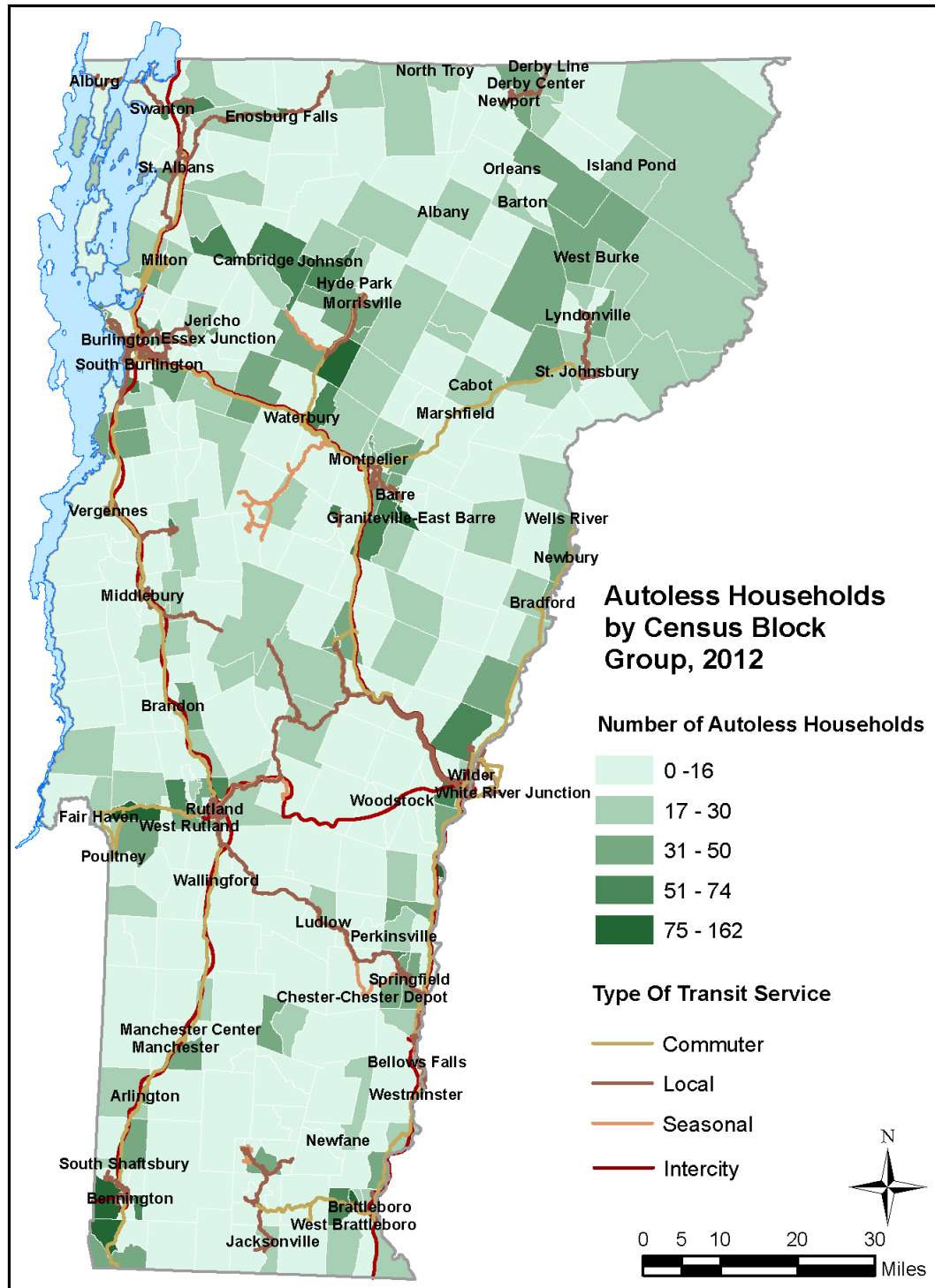


Figure 13 Autoless Households by Census Tract (2012)



Number of Jobs by Census Block Group

Travel to and from work accounts for the single most frequently traveled transit trip in the United States¹¹. Additionally, many people use the same route each time they travel to work, making this trip predictable. As a result, understanding where employment is located can suggest where transportation services are needed.

Chittenden County contains less than one quarter of Vermont's population, but contains approximately one-third of the state's employment base and is the state's largest employment center drawing workers from adjacent counties and nearby New York State¹². This is largely due to Fletcher Allen Health Care, the University of Vermont, and other major employers in Burlington. Chittenden County also has the largest network of fixed route bus service, much of which is oriented around getting people to work. In addition, individuals with a disability that prevents them from riding fixed-route transit may be eligible for ADA Complementary paratransit service in Chittenden County. However, despite the concentration of transit services there are many jobs and employment shifts that are not accessible by transit.

Figure 14 displays the number jobs in Vermont by Census Block Group. A previous study in 2004 showed areas such as Burlington, Morrisville, Springfield, and Bennington with a high number of jobs. Each of these of these locations has a widespread transit network including fixed/flexible, commuter, and seasonal routes. Current data shows that while many of the cities highlighted in 2004 remain on this list, other regions such as the northeast region of the state have had a rise in the number of jobs provided as well.

Transit Reliance Map by Census Block Group

The previous six maps show how each characteristic relates to the overall population. While this level of specification is critical to identify each population group's impact on the need for public transportation, several of these demographic characteristics are highly correlated (for example, an older adult who may be disabled and live in a zero vehicle household). To understand the distribution of these "transit reliant" population characteristics, the study team prepared a transit reliance map (see Figure 15). This map contains a composite index of the following demographic indicators: overall population, residents age 65 and older, residents with disabilities, autoless households, number of jobs, and households below the poverty line.

According to this hierarchy, the areas with the highest concentrations of people who rely on public transportation are Bennington, Brattleboro, Chittenden, and Essex counties. Each of these areas (with the exception of Essex County) are among Vermont's more urbanized areas and also have more extensive public transportation networks. Other areas – such as the communities east of Morrisville, Johnson, south of Graniteville, Cambridge, and Island Pond – have relatively high needs but comparatively lower levels of public transportation service.

¹¹ According to the 2009 National Household Travel Survey, 33% of all person trips are for the purpose of earning a living (compared to 31% of all trips for family/personal business, 19% for social/recreational purposes, and so on).

¹² 2010 U.S. Census.

Figure 14 Number of Jobs by Census Tract (2012)

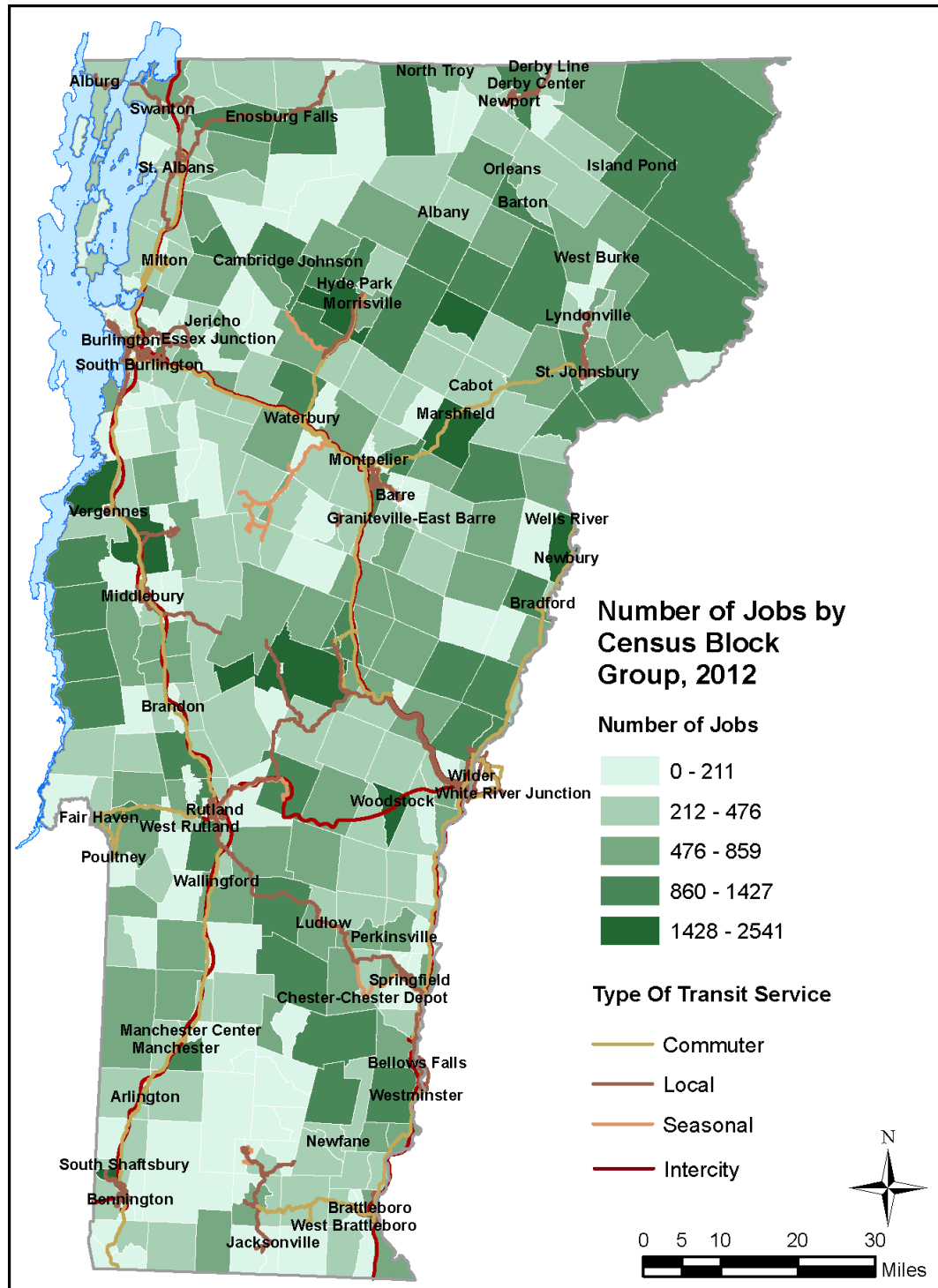
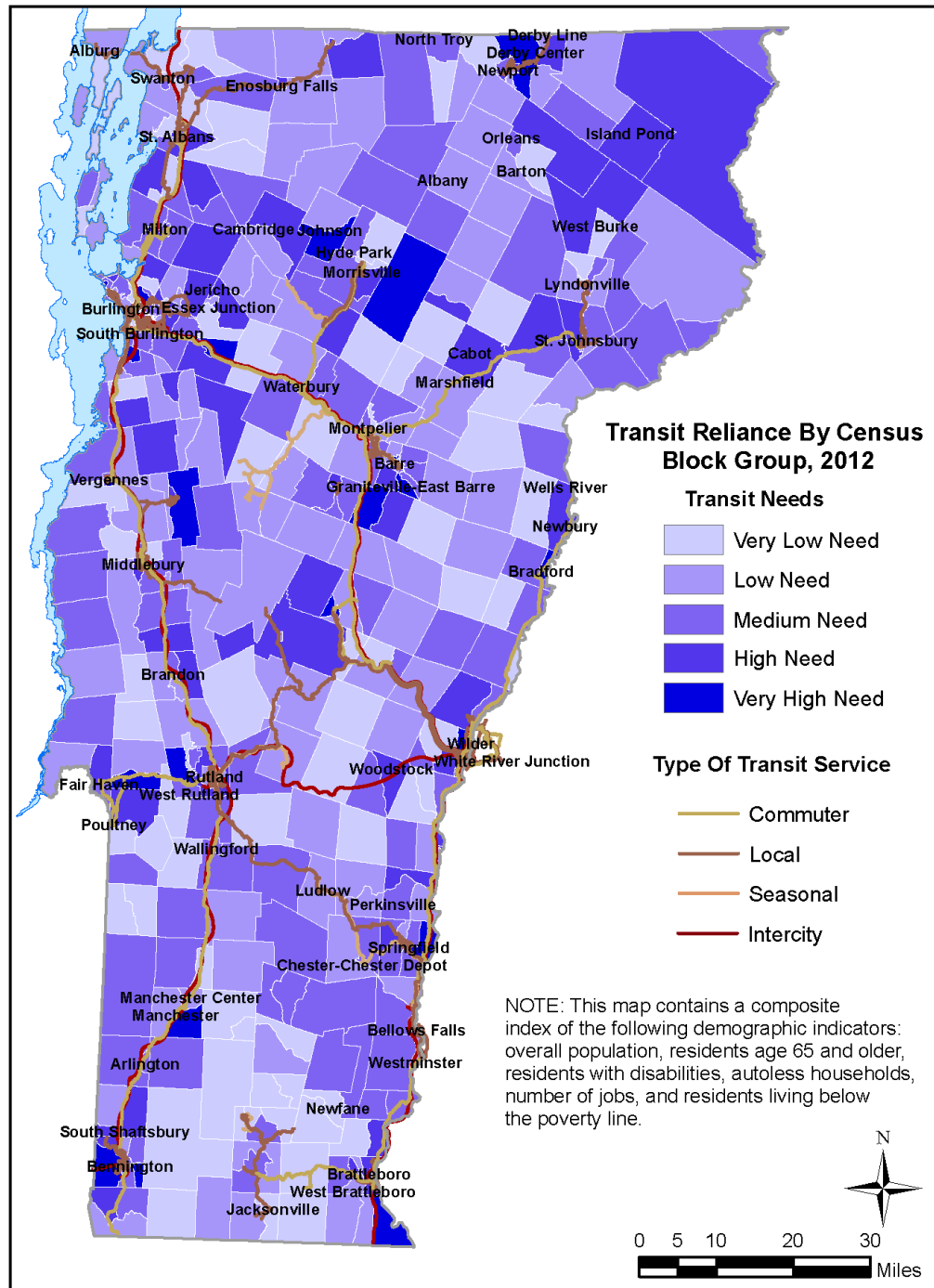


Figure 15 Transit Reliance by Census Block Group (2012)



4 TRANSPORTATION GAPS AND ISSUES

The previous chapter identified populations that typically are dependent on transit as a means to access basic needs and services. Each of these target populations has unique transportation needs. The following chapter identifies these needs and details the findings from various outreach efforts which has brought to light the highest priority statewide transportation gaps and needs for expanded and enhanced public transportation.

METHODOLOGY

Transportation gaps and issues for the state and regions were collected through several outreach efforts:

- Two meetings of the Vermont Public Transportation Advisory Committee (PTAC) on January 9, 2014 and June 19, 2014. Attendees included staff from VTrans, regional transit agencies, regional planning commissions, and councils on aging. The meeting notes and full list of attendees can be found in Appendix A.
- In the Spring of 2014, each Regional Planning Commission was invited to provide comments on their current transportation needs and challenges, target populations, and innovative solutions that have been developed since the previous HSTCP in 2008. Each RPC was encouraged to solicit input from the regional Transportation Advisory Committee, Boards of Directors, regional E&D committees and any other relevant regional stakeholder, such as the Area Agency on Aging. Comments were received from four regions: Central Vermont, Champlain Valley, Southeast Vermont, and Southwest Vermont. All responses collected during this effort are available in Appendix C.
- VTrans staff member visited three regions in person to have discussions, including:
 - April 28, 2014 Rutland Regional Elderly & Disabled Persons Advisory Committee, Rutland, VT
 - May 8, 2014 Two Rivers Ottauquechee TAC Regional TAC meeting, Norwich, VT
 - May 28, 2014 Lamoille County Regional TAC meeting, Morrisville, VT
- VTrans staff member attended two of the monthly Transportation Planning Initiatives, which is a collective of the Regional Planning Commission's Transportation Planners, on March 20, 2014 and April 17, 2014.

TRANSPORTATION NEEDS BY TARGET POPULATION GROUP

Older Adults

The State of Vermont has one of the oldest populations in the country, second only to Maine.¹³ While many older adults continue to drive as they age, adults are more likely to reduce or stop driving as they age. Others may adjust their driving according to the time of day and season; reports suggest many older adults do not drive after dark or during the winter months when weather may be bad. However, consistent with the population overall, older adults have many and varied transportation needs, including trips to shopping, appointments, social activities, and recreation. These types of non-medical trips are also important to older adults and have been identified as a transportation gap in Vermont. A recent survey from the AARP reveals many important facts about older Americans:

- 71% of surveyed Americans between the ages of 50 and 64 want to continue living in their current homes.
- 87% of Americans over the age of 65 want to continue living in their current homes.
- One in five people over the age of 65 do not drive.

Today, one third of older Americans live alone. For Americans age 85 or older, that figure increased to 40%. At the same time, this does not imply increased social isolation; older people who live alone are more likely to socialize with friends and neighbors, and in many cases, will need alternative transportation to make these trips.¹⁴

Individuals with Disabilities

Although many people with disabilities are able to drive a personal vehicle, there are also a number of people with disabilities who rely on public transportation more than the general population, even as they participate in the same activities. Although many people with disabilities are able to ride fixed route transit, and enjoy the flexibility and freedom it provides, certain physical and cognitive limitations may cause some people with disabilities to require specialized dial-a-ride transportation.

Similar to older adults, individuals with disabilities who rely on public transportation are most in need of reliable transportation to critical, non-emergency medical appointments and may require recurring weekly or monthly appointments. In addition, people with disabilities also require reliable transportation for quality of life activities, such as shopping, social activities, and recreation. Finally, people with disabilities, like the general public, need to get to job training, employment (supported and unsupported), and scheduled program activities, such as those available through Centers for Independent Living.

Individuals in Poverty/Households without a Vehicle

More than any other demographic, low-income status is the strongest indicator of higher-than-average transit demand. This is because, as income decreases, the cost of owning and using a private vehicle becomes more burdensome. People who live below the poverty level are less likely to have access to a private vehicle, which makes them more likely to depend on rides from friends and family and on public transportation.

People with low incomes have transportation needs that mirror those of the general population, such as trips to medical appointments, grocery shopping, and social activities. Most importantly, people

¹³ U.S. Census 2010

¹⁴Eric Klinenberg, Stacy Torres, and Elena Portacolone. *Aging Alone in America* (Council on Contemporary Families, 2013).

with low incomes need to get to employment and job training so they can obtain employment, and also child care during the work day. Because they are often only able to obtain employment with atypical work schedules, they are more likely to need transportation to jobs late at night, overnight, early in the morning, and on weekends.

Youths

Youths are considered part of the transit-dependent population because many have a need or interest in traveling independently, but are not old enough to drive or do not have access to an automobile. Across the country, each weekday afternoon, at least 8 million "latchkey" children are left alone and unsupervised because both parents are in the labor force. Employment and after-school or summer activities and programs can provide an opportunity for at risk youths to have academic support, recreation, employment experience, and enrichment activities, but many times these jobs are located in a town center far away from schools or rural residential areas.¹⁵ Transportation for youths will link rural areas to town centers through fixed route and inter-regional services.

PRIORITY STATEWIDE TRANSPORTATION NEEDS

Regardless of population group, there were several transportation issues and needs identified by regional stakeholders across the entire state. These gaps and needs are considered a priority for coordination strategies and solutions to address.

Critical Care Medical Transportation

Transportation for critical medical care has been and continues to be a challenge across the state, with the demand and need for medical transportation, typically dialysis and cancer treatments placing significant pressure on transportation budgets to the detriment of other types of trips such as shopping and personal trips. Individuals who have regular needs for medical transportation, such as individuals requiring dialysis and cancer treatments, often rely on public transportation for part or all of their travel to and from treatments. Often these clients need to travel to treatments frequently and in some rural areas, individuals must travel longer distances to receive specialized medical care. As a result, a handful of individuals with serious and chronic medical needs, who are not funded by Medicaid, can consume large portions of a region's medical trips.¹⁶

There is a clear need to provide additional service for acute (but not emergency) care needs, so that these users do not have to resort to ambulances. Additional transportation options can improve patients' quality of life and prevent additional medical problems associated with lack of access and mobility. These trips are often expensive to provide due to a combination of factors including trips often require longer distance travel to reach specialty care; many treatments require frequent visits; and individuals requiring transportation to acute care are often vulnerable and frail and require a higher level of service. As a result, while E&D funding has increased considerably (54%) between FY 2007 and FY 2013, the demand and cost of providing critical medical trips is increasing faster than funding. A consequence of the acute care needs is that transportation providers are less able to provide other types of trips such as social and grocery shopping.

¹⁵ <http://www.dropoutprevention.org/effective-strategies/after-school-opportunities>

¹⁶ Improving Transportation for Patients Receiving Dialysis Treatments. Ride Connection. January 2014.

Inter-Regional Travel

Travel across and between the regions is essential for people who live in rural areas. Rural areas, by definition, are sparsely populated and many essential services, including medical treatments but also employment, shopping and recreational facilities, serve large geographic areas. As a result, people want and need to travel from their small communities to the service centers, which may or not be located in the same county where they live.

Since the last HSTCP in 2008, Vermont's public transit system have worked to fill these transportation gaps by making inter-regional connections, and for the most part, have succeeded in providing these connections where there is sufficient demand. Although inter-regional travel across transit service boundaries is being provided, many riders and human service providers may not know that that these trips exist. This problem of lack of information or misinformation can be remedied by developing a plan for information dissemination that clearly markets the inter-regional routes through the Go! Vermont website and in outreach efforts to the Regional Planning Commissions.

Resources for People who do not Qualify for Program Funds

Although many transportation dependent individuals living in Vermont qualify for a human service program, such as Medicaid or TANF funding, there is a small segment of the population who are not eligible for programmatic transportation resources. These people may only have transportation resources for a portion of their trips and only need to fill the holes in their daily or weekly transportation plan.

Availability of Information

The recurring theme across the state is that people are unaware of what is being provided and how to make use of it. This information gap is on both sides: the public transportation providers are not fully aware of the human service and private provider options available, and human service providers and their clients are not fully aware of public transportation services. Throughout the state, it is difficult for people to find information on what transportation resources are available to them and when, especially the fixed route buses and bus accessibility.

The Go! Vermont resource is available online and contains statewide public transportation resources for carpool matching, vanpool services, and information about fixed-route local and inter-city buses, biking, Amtrak trains, and ferries. In order to get the word out about this useful resource, VTrans needs to continue to market the program and broaden distribution methods.

Other issues

Transportation for person who are blind and deaf

Hearing and sight are the two senses that people depend on most for communication, visual and environmental information that will enable them to carry on with daily tasks and to travel to destinations. Without these two senses, people who have a dual diagnosis of blindness and deafness or are hard of hearing are isolated from most transportation services other than those provided directly by friends and family members. Although many deaf-blind individuals are able to use public transportation, it is usually with limited success. If they reach a destination in an unfamiliar area, they may have no information about where to go next or if the building is right in front of them and finding their way back to their destination is also a major challenge. Many times people who are deaf blind require specialized support services, such as Support Service Providers (SSPs), who serve as sighted guides and who orient and accompany a blind-deaf person on public transportation.

In addition to people who are blind and deaf, other special disability groups need individualized assistance with navigating public service.

Substance Abuse Withdrawal Program Transportation Needs

The transportation needs of clients in substance abuse withdrawal programs pose unique challenges for transportation providers. Reliable, long-term, daily transportation is critical for clients to reach treatment programs and pursue recovery. Substance abuse clients require ongoing transportation to reach programs, often for daily treatments. For Medicaid patients, states must provide transportation to recovery programs six days a week. Programs may be located in another town or county, requiring long-distance trips that are difficult to make with transit. In Lamoille County, for example, many clients need to travel to Berlin or Burlington to reach programs; RCT provides transportation service, but only for clients who receive Medicaid, and they do not permit clients to travel with children or dependents, which poses a major ongoing hurdle for many clients.

Employment Re-Entry & Vocational Rehabilitation Transportation Needs

Individuals returning from incarceration face significant transportation challenges. One of the most critical needs of returning citizens is reaching vocational rehabilitation programs and employment opportunities. Individuals may also need to reach probation or parole services or other court-related appointments. These resources are difficult to reach if they are not accessible by transit, and such trips may not be eligible for E&D or other transportation programs. As non-medical trips, it can be challenging for Medicaid recipients to find affordable and reliable transportation to access these resources. For example, in Franklin and Grand Isle counties, transportation to Probation & Parole Services and vocational transportation are among the “most significant human service transportation needs”. In Addison County, travel to vocational programs is not provided by E&D, posing significant challenges for those trying to reach educational and employment opportunities.

5 COORDINATION SOLUTIONS AND RECOMMENDATIONS

To address the transportation gaps and needs as identified in the previous chapter, VTrans has identified the following coordination solutions and provided recommendations on implementation of these strategies.

VTrans is positioned to facilitate transportation coordination as the manager of public transportation in Vermont and through a partnership with the Agency on Human Services. VTrans is able to encourage, support, and contribute to coordination efforts at the regional or local level by setting state-level coordination policies, providing technical assistance, undertaking centralized activities, and using available resources to support adoption of local/regional coordination strategies.

STATUS OF STRATEGIES FROM THE 2008 PLAN

Before identifying new solutions, it is important to understand the status of the coordination strategies prioritized by the previous HSTCP. These strategies were identified by the 2008 HSTCP public outreach process and have been prioritized for implementation since the plan was published.

Figure 16 Status of Strategies

Strategy	Status
Increased Trip Coordination	The State of Vermont is working to purchase trip scheduling software for all public transportation operators in the State. This project is still underway; while there have been delays in implementation; software should be available in 2015.
Increased vehicle sharing	Since the 2008 HSTCP, vehicle sharing has become less relevant because of significant capital fleet investments. This is no longer being pursued as a primary strategy, though providers sometimes utilize each other for back-up vehicles
Integrated statewide trip scheduling software	Once statewide scheduling software is implemented, trip planning between transit operators will be easier and more effective. Additionally, VTrans is working on the GTFS program which will eventually develop a trip planner through Google Transit (see Strategy #3 below).
Regional E&D Committees	Regional E&D Committees have regular meetings, the purpose of which is to ensure that E&D funds are appropriately spent and are well coordinated.
Inter-regional Coordination	A number of inter-regional commuter routes have been established since the 2008 plan, significantly increasing mobility between regions. E&D and Medicaid transportation services also frequently extend across and between regions. VTrans has partnered with Greyhound Lines to maintain inter-city travel between counties within Vermont and connecting to Massachusetts and New Hampshire. Additionally, VTrans has is now providing operating funds to Vermont Translines to operate new intercity routes from Burlington to Albany and Rutland to White River Junction.
Financial and Administrative Support to Transit Agency Brokers	VTrans continues to provide various grants to the regional transit providers to which they can bill their expenses for brokerage and transportation services, via an approved cost allocation plan.

Source: VTrans Transit Division, 2014.

EXISTING COORDINATION STRATEGIES

The data collection efforts with RPCs and the PTAC revealed that two strategies – Volunteer Driver Program Expansion and Mobility Management programs – have been implemented since the 2008 HSTCP.

Volunteer Driver Programs

Vermont has one of the most successful volunteer driver programs in the United States. Public transit providers in Vermont use volunteer driver programs as a cornerstone of their transportation services, deploying them to assist with longer distance trips as well as many trips to medical services. However, a critical ongoing issue with volunteer driver programs around the state is volunteer driver recruitment and retention.

Mobility Management Programs

Mobility management programs provide individualized travel assistance for people in the target demographics, helping people who previously fell through the cracks identify transportation solutions. In Vermont, two traditional mobility manager programs and two programs that function similarly to mobility manager programs were implemented since the 2008 HSTCP:

- The White River Junction Veterans Administration Medical Center employs a mobility manager to provide travel planning and assistance to veterans who need to get to medical appointments.
- Both CCTA and AT have hired mobility managers to serve their service areas.
- Springfield Medical Center employs a Community Health Team to provide trip planning for hospital patients who need assistance with getting to appointments. This has proved a highly successful model improving access to regular health care and dramatically reducing emergency room expenditures.

White Junction VA Medical Center Mobility Manager

As part of the national Veterans Mobility Manager pilot project, White River Junction VA Medical Center recently hired a mobility manager to develop coordinated transportation and mobility management programs for the State of Vermont and parts of western New Hampshire. The pilot project is funded for two years and, if successful, may be written into the general VA budget after the end of the pilot period. The main goal of this program is to help veterans obtain transportation to the White Junction VA Medical Center and outpatient clinics in Bennington, Brattleboro, Burlington, Newport, and Rutland in Vermont and Keene and Littleton in New Hampshire. Although the Mobility Manager was only hired in the spring of 2014 and is starting to develop the program objectives, there are certain elements that will be included in the program:

- Utilizing two vehicles, White Junction VAMC will provide services to connect veterans to the most rural outpatient locations. It is unknown at this time if this service will be park-and-ride, central pick-up, or door-to-door.
- Developing avenues for education on how to use existing transportation systems to get to the different outpatient clinics, which will involve working collaboratively with transit agencies, adult day centers, and volunteer driver programs.
- Working closely with the outpatient clinics and VA medical center to make sure the patients are going to the closest medical location to serve their needs.

- Determining if Beneficiary Travel Reimbursement can be used to reimburse volunteers, cataloging and organizing volunteers, and developing a wider network of volunteers.

Chittenden County Transportation Authority (CCTA) in Burlington

CCTA hired a full time Mobility Manager in 2010 to help with two main functions, including traditional types of mobility management functions such as focusing on individual transportation challenges on a trip-by-trip basis, as well as helping transition eligibility for the agency's ADA paratransit program to reflect functional assessments. The program was funded with federal grants funds as a capital program with local match provided by in-kind resources.

The CCTA mobility manager addresses the ongoing needs and concerns of individuals trying to get around town, including two recent noteworthy programs: development of a travel training program focused on older adults from the Bhutanese communities, and creation of a "How to Ride" guide that was translated into Bhutanese. In both cases, the mobility manager worked with a translator from the Refugee Resettlement Program for both translation and organizing training meetings that were appropriate and effective.

Community Health Team (CHT) at Springfield Medical Care

In addition to traditional mobility managers, Springfield Medical Care hired a Community Health Worker in 2012 to address the gaps in transportation for special needs patients.

In 2012, Springfield Medical Care established the Community Health Team (CHT) funded through the Springfield Healthcare Foundation. The CHT convened the Transportation Needs Committee to discuss the options for patients who were missing medical appointments because they could not find reliable transportation. The CHT utilizes an existing Springfield Medical Care staff member (a nurse) who runs the program. Activities to date include:

- Creation of Transportation Support Packets which were sent out to medical practices and community partners that include the most up-to-date public transportation routes, practical educational materials, bus passes, and gas cards.
- Creation of a transportation algorithm that helps medical professionals determine which transportation options work best for a particular individual, depending on the individual's response to a series of questions regarding their eligibility for certain programs and ability to use certain types of transit.
- The Community Health Worker is also available to patients and hospital workers to solve problems and find solutions for patients experiencing problems with transportation.

After a year, the CHT evaluated the program and found that it was saving money for several different hospital programs, primarily because it lowered the emergency room and ambulance costs by allowing patients to get to their preventive medical care appointments. Springfield Medical Center is currently looking to outsource the program to another organization, while keeping the funding intact.

Program Highlight: Rural Community Transportation (RCT) Specialized Transportation

One example of mobility management (although it is not specifically called out or funded as such) is the service design used by Rural Community Transportation (RCT) in the Northeast Kingdom. Although this approach is typical of most of the public transit providers in Vermont, the unique combination of high level of need, dispersed population, and other factors have resulted in RCT's program being highly developed. The Northeast Kingdom is the most rural part of Vermont and despite having a small population overall, the region has a high percentage of people with transportation needs (see maps in the Target Populations chapter). Because RCT services such a challenging population, they have designed their services around a mobility management focus, many of which serve as best practices for the State of Vermont:

- Staff at Rural Community Transit (RCT) offer case-by-case travel assistance and manage a robust volunteer driver program. At RCT the vast majority of the trips are tailored to individuals. Although all of the public transit operators provide these services to a certain degree, at RCT travel assistance and volunteer drivers make up a larger portion of the services because of the rural nature of the service area.
- **Volunteer drivers.** RCT relies heavily on volunteer drivers and typically only deploys paid RCT drivers when volunteer drivers are unavailable or a passenger requires a wheelchair accessible vehicle. RCT also uses volunteer drivers as efficiently as possible, grouping trips and scheduling local trips as part of longer distance trips.
- **Contracting.** RCT holds several contracts with local agencies to provide service:
 - Central Vermont AAA: 1090 rides per month
 - Caledonia North/Essex/Orleans Schools: 839 rides per month (not school related human service transportation with volunteers or vehicles purchased without FTA or state funds)
 - Northeast Kingdom Human Service: 417 rides per month
 - Out & About Day Center: 267 rides per month
 - RLEC Adult Day Service: 260 trips per month
 - Umbrella Family Services: 116 rides per month
 - Northeast Kingdom Community Action: 121 rides per month
 - Child Family Development Services: 18 rides per month
 - Veterans Administration: ad hoc, depending on need
 - Vermont Association of the Blind: ad hoc, depending on deed.
- **Private clients.** RCT contracts out service to transport children going to private school and students of the Karme Choling Meditation Center. For some of the private pay-for-ride passengers, RCT functions as a taxicab service and can draw down on a pre-paid account, or a passenger will pay for a ride when they are picked up.
- **Shopping trips.** RCT operates several weekly or bi-monthly shopping trips for seniors and people with disabilities. By scheduling and grouping these trips, RCT reduces the need for individual trips but still meets essential needs.

RECOMMENDED COORDINATION STRATEGIES

Strategy #1: Volunteer Driver Recruitment and Retention

Recruiting and retaining volunteer drivers is a problem faced by most volunteer programs, and was a challenge identified by HSTCP stakeholders in Vermont. Constant recruitment of volunteers is needed to meet the existing and increasing transportation needs of older adults, to expand current services available to older adults, and to support existing drivers, but prospective drivers have many reasons to be hesitant to sign up for volunteer driver programs.

Recruiting Volunteer Drivers

There are a variety of strategies for recruiting volunteer drivers. The Beverly Foundation (which has now dispersed its operations to other groups) developed an “idea book for action” that provides several recommendations for increasing recruitment success.

Person-to-Person

One of the most effective advertising methods in general is word-of-mouth, and recruiting volunteer drivers is no exception. The best recruiters for volunteer drivers will be the volunteer driver coordinator, program coordinator, program director, organization representative, and current volunteer drivers. While this can happen organically, there are several options to facilitate word-of-mouth recruitment:

- **Facilitate a contest** using current volunteers. An agency could offer a prize for the most new drivers recruited, such as a gift card or free gas.
- **Invite potential volunteers** to driver training classes or recognition events, or to ride along on a volunteer driver ride. This can provide potential new drivers with a “sneak peek” into the inner workings of the system.

Current volunteer drivers are the best resource for recruitment because they:

- Share their experiences and give testimonials
- Develop a peer-to-peer approach
- Assist staff at recruitment events
- Act as ambassadors to organizations
- Provide ride-alongs for prospects
- Spread the recruitment message
- Train other volunteers
- Convey the message of satisfaction with doing volunteer work

Program Highlight: Neighbor Rides

The **Neighbor Rides** program was brought to Chittenden County in the spring of 2012 as a partnership between United Way, CCTA, SSTA, Champlain Valley Agency on Aging (CVAA), and several other human service providers. Although other informal volunteer driver programs exist throughout the state, the Neighbor Rides program is unique as the most visible and structured volunteer network in the state. The Neighbor Rides program serves a dual purpose of growing a volunteer base, as well as providing a transportation source for people who are not eligible for other transportation services in the region.

Between March 2013 and February 2014, 10% of all Elderly & Disabled (E&D) rides were provided by volunteer drivers. Compared to the number of rides taken in the previous year, during the 2013 period, the E&D program was able to provide 15% more rides due to a lower cost per ride. In that same period, , Champlain Valley Agency on Aging (CVAA) was able to reduce its cost per ride by 32%, based on a combination of higher demand, especially for dialysis rides, and cost reduction.

Neighbor Rides provided 2,325 rides in FY 2014, which was more than twice as many rides provided in the previous year.

Partnering with United Way has provided funding, but also a direct link to a large repository of volunteers. The Neighbor Rides program is promoted on the United Way website, in the Neighbor Rides newsletter, and at United Way events.

- Ask friends to volunteer

Statewide Recruitment Website

A simple website which has general information about the benefits of becoming a volunteer driver and links to the different programs would provide an easy resource for potential volunteers to find information. A video plug-in could be provided with a “local celebrity” providing information about what it’s like to be a volunteer driver and the many benefits.

Targeted Paid Advertising

Many agencies use written blurbs or brief commercial spots targeted toward a population that would be inclined to act as volunteer drivers. A list of potential advertising mediums is below:

- Website
- Newspapers
- Medical Brochures
- Nonprofit newsletters
- Senior-oriented cable shows
- Radio spots/interviews
- AARP Mailings

Presentations

Similarly, presenting to selected audiences can be an effective method of communicating the benefits of and need for volunteer drivers, as well as testimonials. The list below outlines some venues for presentations:

- Church Councils
- Community Groups
- Senior Groups
- Information booths at fairs/events
- Schools
- Service Organizations¹⁷

Innovative Idea:

Parent Volunteer Networks

A recommendation of the 2012 Windham Regional Mobility Study was to establish a network of parent volunteers to transport high school age students who live in outlying town to after school activities in town. Although the program has not been implemented, the recommendation remains a priority for the region.

The parent volunteer network would consist of parents who are willing to drive children to activities in two scenarios: 1) when their own children are getting a ride, and 2) in cases when their own child is not receiving a ride.

- In the first case, if a parent is taking their own child to an after school activity in town they would make extra car seats available to other children who are going into town at roughly the same time. This practice may already be occurring if a parent is driving their child’s friends, but this concept would open up car seats for other children who are not necessarily friends.
- In the second case, parent volunteers who are willing to drive children even when their own child is not receiving a ride.

Program logistics can be managed by the school systems: the student government and the school office. A web-based electronic bulletin board would facilitate the process and allow students and parents to post rides needed and available. Although the program has not been implemented, the recommendation remains a priority for the region.

¹⁷ Beverly Foundation Volunteer Driver Idea Book.

Strategy #2: Mobility Management Training and Network

Most mobility management programs, including the ones operating in Vermont, focus on the transportation needs of the individual. Critically, mobility managers also create resources that allow someone to address transportation needs on a case-by-case, trip-by-trip basis. This means that the mobility manager typically works with a variety of individuals to understand their specific needs and match them with the available services. Understanding transportation needs and demand on such a detailed level also allows the mobility manager to recognize and develop strategies to address broader, more systemic transportation needs. As a result, mobility managers create programs and services that can serve larger groups of people but are specifically tailored to the individualized needs of the specific community.

Because mobility management programs are customized, no two programs have the same structure. However, there are some common elements that every program will include:

- Partnerships with multiple agencies to encourage trip sharing and “planned” routes to get more people in vehicles
- Ensure information is available the broader community
- Develop appropriate and effective information that may include old technology (printed schedules translated into multiple languages) or new technologies (real-time information on vehicle arrival times)

By doing these things, mobility managers also directly increase the amount of service coordination in a region – meaning increased riders per mile in a single vehicle – thus improving transportation for the individuals they work for as well as for the wider region.

The Role of the Mobility Manager

Mobility management programs are most commonly administered within an organization and typically include:

- **Planning, Advocacy, Outreach & Policy:** Mobility managers are advocates for transportation disadvantaged populations. In this role, mobility managers work to educate local leaders about the needs of the community and the role of helping the client make connections. This role includes advocacy for supportive policies at the local, regional and state level.
- **Training and Technical Assistance:** Mobility managers help distribute information about best practices, successful models, and technical resources to implement mobility management strategies. This function requires technical acumen and expertise and excellent communication and interpersonal skills.
- **Strategy Implementation:** Mobility managers work with local partners to implement mobility management strategies. This role takes on a wide range of multi-disciplinary functions including development of resource sharing agreements and cost allocation plans in collaboration with professional staff, budgeting and contracting, and procurement of goods and services, as well as creation and operation of new mobility programs.
- **Information, Referral, and Trip Planning:** Mobility managers serve as a knowledge base for the community. In this capacity, mobility managers provide information systems scaled to the needs of the community. These can include dynamic resource directories, printed information booklets, or a range of hands-on trip planning and travel training services.

Mobility Management Support and Training

Instead of hiring additional mobility managers at the regional or state level, it is recommended that VTrans provide resources and support to mobility managers, potentially including a staff member within an organization assigned the responsibility of educating clients on transportation. VTrans may, for example, develop printed or online resources that can be available to people organizing transportation; they may also set up peer-to-peer meetings or workshops for professional development and sharing resources; and finally, VTrans may also consider developing more formal training.

Mobility management training and resources could greatly expand the resources and knowledge available at the local level. There are dozens of community organizations that are already providing clients with trip planning and services. If these organizations were to receive mobility management training they could expand these programs to include:

- Information and referral services beyond basic trip planning, such as developing regional transportation resources
- Travel orientation for clients who are able to use fixed route service but do not have a basic understanding of trip planning, reading maps and schedules, how to board a bus, and how to pay a fare
- Collaboration with other staff members across multiple regions to share information about successful mobility management and coordination strategies

Mobility management training will require a small financial commitment from VTrans to build the curriculum, advertise the program, sponsor networking events, lead training sessions, and follow up with mobility managers. VTrans has been working with UVM to develop tools and set a baseline for mobility management training.

Community Health Workers as Mobility Managers

Using the Springfield Medical Center model, VTrans should consider reaching out to other hospitals and community health workers to make them aware of the Springfield program and invite them to join the mobility manager program.

The first step is to create a brochure that describes in detail the Springfield Medical Center Community Health Team activities, costs, and outcomes. This should include savings for each of the different departments. Once this brochure is developed, it should be sent out to each hospital in the state and the health organizations/foundations to show how mobility management can save money when patients are able to get to their preventative care appointments without requiring ambulance and emergency services. Finally, VTrans should reach out to the hospital staff that were sent the brochures and invite them to the mobility manager events and training.

Mobility Manager Network

Additionally, VTrans may want to develop a web-based portal for mobility managers to continue to share ideas. This would entail a simple website that will allow mobility managers to log-in, post and share resources, ask each other questions, and offer solutions to common problems. Although the website will be set up by VTrans, ongoing maintenance and administration will be performed by the mobility manager trainees.

The website could include the following:

- A repository of miscellaneous coordination procedures, best practices, program manuals, and other materials
- Materials related to the HSTCP and other mobility management and coordination activities in the state
- Events calendar for training opportunities, Network meetings, and relevant events
- Blog for posting current news regarding transportation and coordination (local, state, and federal)
- GoToMeeting platform for conducting quarterly conference calls with the group

Case Study: Wisconsin Association of Mobility Managers (WAMM). WisDOT created a flexible program that allows a variety of organizations to sponsor Mobility Managers that best meet local challenges and opportunities. Part of this program is a members-only portal within the WAMM website that features a membership directory, news and updates, resources and events listings, blog, listserv, and a GoToMeeting platform for periodic meetings. The WAMM Blog provides a platform for Mobility Managers to post news regarding transportation and coordination. There are currently 27 member Mobility Managers and only seven counties in the state are not represented. (In the past, WisDOT has also organized periodic conference calls and put on a statewide conference for the local/regional Mobility Managers in Wisconsin.)

The WAMM website can be found at <http://wi-mm.org/>.

Vermont Project Highlight: Personal Transportation Plan Pilot Program (PTP3)

The Personal Transportation Plan Pilot Program (PTP3) is a study that will develop and evaluate the success of a personal transportation planning tool for people with disabilities living in Chittenden County. Funded by Federal Highway Funds and managed by VTrans, the study will measure the success of providing one-on-one mobility management and individual transportation recommendations for people with high needs.

The program will start in Chittenden County and, if successful, will be expanded to additional counties with the potential to be scaled up to the regional and statewide level. The long-term objective is to create a planning tool that would be used by target populations (or anyone) across the state through paper, online and over-the-phone tools. Users will answer a list of questions concerning the schedules and locations of various activities in their lives and be interactively guided to information about existing transportation resources that could help meet their travel needs. The tool will be integrated into the Go!Vermont infrastructure and will eventually lead to a fully implemented trip planning tool. Furthermore, because technology moves quickly, as the program is developed, it opens the doors to explore other technologies that may be currently in works.

Strategy #3: Technology Investments

Recent innovations in technology have improved mobility management by making it more cost-effective for transit agencies and increasing the quality and convenience for consumers. There are many examples of technology advances in mobility management.

Scheduling Software Implementation Assistance

VTrans is in the process of launching a statewide scheduling technology overhaul which will implement RouteMatch scheduling software for every public transit provider in the state. VTrans has hired Transystems for oversight of the RouteMatch implementation and installation process; however, it is recommended that VTrans create a more informal training and assistance program for public transit staff.

Informal RouteMatch Assistance

VTrans should set up a peer-to-peer support group made up of the two or three staff members at each local public transit agency who will be using the RouteMatch software. This support group will be convened a regular basis during the first year of implementation via GoToMeeting (shared computer screen) to discuss and work through pre-determined problems and questions that VTrans will collect prior to the meeting.

Additionally, VTrans should reach out to other state agencies (or local/regional agencies within other states) that have recently implemented RouteMatch software and will be able to discuss lessons learned and tips/tricks, and share this information with the support group.

Emerging Technologies

Peer-to-Peer Shared Ride Services

Peer-to-peer shared ride companies offer on-demand transportation through a smart phone application that allows the user to request a driver, view the driver's progress to arrival through GPS, and pay for the service with a credit card. Drivers of these services own the vehicle and have the flexibility to choose when they want to drive.

Although the target users of the peer-to-peer shared ride companies (Lyft, Uber, and Sidecar) have been young large-urban dwellers, there has been discussion about adapting the idea to a new technology platform that would provide a more efficient, flexible, and responsive alternative to senior volunteer driver, senior shuttle, and paratransit programs. Especially in rural areas of Vermont, human service transportation is limited and many people in need of rides to services depend on a network of volunteer drivers; however, this network can easily fall apart if mileage reimbursement is eliminated. A separate ride sharing application that only provides the mileage reimbursement (thus not allowing volunteers to make a profit), would be an easy way to pay and retain volunteer drivers, and would allow volunteer drivers additional flexibility to provide rides. For example, if a volunteer driver has unexpected free time in the middle of the day, the application would allow them to show as available to provide rides during that period.

Shared ride service applications also provide the responsiveness, flexibility, and independence that the retiring Baby Boomer generation will expect. Although a community van program may require a telephone reservation at least a day in advance, a 30-minute waiting window, and no flexibility of pick-up and drop-off locations, a shared ride application will allow users to make reservations within

a few minutes of the time they would like to be picked up and choose the pick-up and destination in that moment wherever they may be.¹⁸

Case Studies: None yet

Peer-to-peer shared ride technology exploded onto the transportation scene only a few years ago. Many cities and municipalities are grappling with how to regulate Uber, Lyft, and Sidecar. The taxi and livery industries have been especially critical of the new companies and, in the case of a few cities, have taken the ride sharing companies to court for allegedly operating illegally. The litigious nature of this technology has made it difficult for state or city transit departments to use the idea as a platform for providing human service transportation; however, many cities have been talking about potential pilot projects, including the City of Atlanta.

Smart Phone Applications

In the last few years, large scheduling and dispatching software companies have started utilizing smart phones for travel assistance and mobile ticketing. RouteMatch scheduling software provides a mobile solution suite that enable fixed route and dial-a-ride transit riders to plan trips and access real-time information on departures and delays. The mobile software allows for a secure application for travelers to purchase tickets with a credit, debit, or pre-paid card and redeem tickets when boarding the vehicle.¹⁹

Case Study: WayFinder in Albuquerque

In 2011 Albuquerque debuted a new smart phone application to enable people with intellectual and other cognitive disabilities to use fixed route transit more independently. As part of a pilot program partnering with a community organization, AbleLink Technologies developed a new mobile app called WayFinder for a developmentally disabled population that increased collective ridership among participants by 110%. The increases were attributable to increased knowledge of available services and routes through the use of the mobile app. WayFinder provides personalized guidance to navigate a transportation route using audio and visual cues generated by the user's GPS location. The application assists user with the walk to the bus stop, taking the bus to a destination, and then following a similar route back home. An optional tracking feature is available as well that allows a family member, caregiver or other person to track the exact location of a WayFinder user in real time via instant messaging and Google Maps.²⁰

Interoperability and Consolidation of Dispatch Services

The trend towards interoperability in technology across providers is expected to expand mobility through a shared scheduling and dispatching system across multiple providers. Awareness of interoperability and its importance is only increasing, and groups like the Community Transportation Association of America (CTAA) provide stock language for likeminded organizations to use in RFPs for new systems and developments to improve referral and scheduling systems.

One element of the interoperability and coordination of services is implementing a cost allocation process that will allow each of the providers to be accurately reimbursed for providing a ride for a different provider. Smart cards and cashless systems can help streamline this process by allowing users to have a centralized fare account for use on the entire regional HST system.

¹⁸ Supawanich, Paul. *Why Ridesharing is a way bigger deal for suburban seniors than urban millennials*. (The Atlantic, April 23, 2014).

¹⁹ <http://routematch.com/solutions/mobile-data-systems-for-demand-response/>

²⁰ <http://www.ablelinktech.com/index.php?id=15>

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The Vermont Public Transit Association (VTPA) has contracted with RouteMatch to begin rollout of a standard statewide dispatching system in 2015.

Case Study: Nevada Division of Aging Services

The Nevada Division of Aging Services partnered with the Northern Nevada Transit Coalition (NNTC) to implement a magnetic swipe card program to serve their clients in northern Nevada in order to lower the administrative costs associated with validating and verifying trips to determine cost allocation. The state received a grant for installation of magnetic readers on approximately 50 buses to allow riders to board the buses without signing a record to determine cost allocation for the trip. In 2004, the Division of Aging Service paid approximately \$10,000 for capital costs and to purchase the cards, which would likely be much less expensive with current technology. A rider simply swipes their issued card, which records when they boarded and ended their trip. The cards allow the transit authority to assign the costs of the trips to the appropriate agency or organization for cost recovery. The cards are also encoded with client information that quickly verifies and matches the trip taken with the trip booked. The vehicle reader is downloaded into a main database and software automatically assigns each trip a cost code.

Using smart cards for human service transportation benefits both riders and the public transit provider. Riders no longer need to carry cash for fares and the transit provider has less chance of missing cash as well as having much better information to help overall program planning.²¹

²¹ United We Ride. Using Technologies to support cost allocation among human services and transportation agencies.

Strategy #4: Changes to the Go! Vermont One-Click Resource

One of the transportation challenges mentioned by many regional stakeholders is that people in search of transportation services often do not know where to begin or what services are available to them.

Vermont has an online resource for transportation called Go! Vermont, which is a central directory of statewide transportation resources including carpool matching, vanpool services, and information about fixed-route local and inter-city buses, biking, Amtrak trains, and ferries. The Go! Vermont webpage shows local and inter-city bus options, which links a user to the local, inter-city, and inter-state bus provider's individual websites where the user is responsible for contacting the provider to book a trip. The Vermont Energy Investment Corporation (VEIC) serves as a central call center for the Go! Vermont resource to receive inquiries about transportation options in the state.

Additionally, VTrans is currently working on improving the Go! Vermont website by adding a trip planning feature using General Transit Feeds Specifications (GTFS) that will collect and compile current schedule data from the Vermont regional transit providers as well as other major transportation services to input this data into Google Transit. The Google Transit tool is scheduled to be live before the end of 2014. Users will be able to input origin and destination information to populate transportation and route options based on what is available.

Implementation: Re-Brand Go! Vermont for Target Populations

The current Go! Vermont website provides information about the public transit systems in the state that provide the majority of the human service transportation through contracts with human service organizations; however, many of the adult day centers, veteran services, Medicaid NEMT providers, and other human service operators that are independently providing trips are not represented on the site. Furthermore, there is no information on the "Local Routes" or "City to City" page that mentions that many of the regional public transit systems also provide dial-a-ride services to seniors and people with disabilities.

It is recommended that VTrans consider adding the full range of human service transportation options to the Go! Vermont website. To accomplish this, VTrans should add a human service transportation portal with a list and links to each HST provider for each region and include basic eligibility information. A taxicab, shared ride (Uber and Lyft), and NEMT providers portal should be added at the same time.

Additionally, the Go! Vermont website should be marketed to the full spectrum of persons in need of transportation and not just commuters, with an emphasis on veterans, persons with disabilities, and seniors. This re-branding of the Go! Vermont resource should include adding language about dial-a-ride and paratransit options where available, as well as offline outreach to the regional planning commissions and human service organizations including meetings with staff members who will be disseminating information to clients. During these meetings, VTrans staff will explain how to use the Go! Vermont resource to find transportation resources for veterans, seniors, and people with disabilities and also point out the inter-regional connections provided by each public transit system.

Appendix A PTAC Meeting Minutes

MINUTES SUBJECT TO CORRECTION BY THE PUBLIC TRANSIT ADVISORY COUNCIL. CHANGES, IF ANY, WILL BE RECORDED IN THE MINUTES OF THE NEXT MEETING OF THE COUNCIL.

**PUBLIC TRANSIT ADVISORY COUNCIL
MINUTES OF MEETING
NATIONAL LIFE BUILDING
5th FLOOR BOARD ROOM
MONTPELIER, VERMONT
January 9, 2014**

ATTENDEES: Barb Donovan, VTrans
Dave Pelletier, VTrans
Scott Bascom, VTrans
Amy Rast, VTrans
Susan Bartlett, AHS
Dave Towle, RCT
Joseph Barr, Parsons Brinkerhof
Bethany Whitaker, Nelson Nygaard
Rita Seto, TRORC
Steve Gladczuk, CVRPC
Matt Mann, WRC
Trevor Hanbridge, CHT/SMCS
Anila Hood, Senior Solutions
Mollie Burke, Legislature
Liz Curry, CCTA
Susan Schreibman, RRPC
Jeanne Kern, CVCOA
Van Chesnut, AT
Paul Haskell, Stagecoach
Bill Watterson, CCTA
Robert Young, Premier Coach
Jim Moulton, ACTR
Randy Schoonmaker, DVTA
Minga Dana, MVRTD
Rebecca Gagnon, CRT
Lee Cattaneo, COVE
John Sharrow, Mountain Transit
Peter Johnke, VCIL
Gwen Hallsmith, GCI/PBI

1. CALL TO ORDER and INTRODUCTIONS

In the absence of Chairman Chris Cole, Barbara Donovan called the meeting to order at 1:02 PM. Introductions were made.

2. APPROVAL OF MINUTES

September 19, 2012

MOTION by Lee Cattaneo, **SECOND** by Jim Moulton, to approve the minutes of 9/19/13 as written.

VOTING: unanimous; motion carried.

3. UPDATE ON MEMBERSHIP

Barb Donovan will get an update from the Governor's Office and report at the next meeting.

4. HUMAN SERVICE TRANSPORTATION COORDINATION PLAN

There was discussion of the Coordinated Public Transit-Human Services Transportation Plan update including the following:

- Goals:
 - Understand needs and available funding
 - Opportunities to meet available funding
 - Strategies
 - Compliance with MAP-21 and other plans
- Approach proposed:
 - Use PTAC as advisory committee
 - Do background research on funding and existing plan
 - Gather stakeholder input
 - Hold statewide meeting (possibly; may try to piggyback another forum)
 - Draft strategies to address needs
 - Create plan of action
 - Timeline – research now, outreach early spring, completion end of summer
- Funding:
 - Medicaid DHHS
 - Temporary assistance for needy families
 - Agency on Aging
 - FTA
 - Veterans Affairs
 - Vermont Health Access
 - DAIL
 - Department of Health
 - VTrans
 - Children & Family Services
 - Changes since FY07-08 include MAP-21 funding which consolidated programs providing more flexibility, but not additional funds.
- Affordable Care Act (Obama Care) for health insurance means more people receiving Medicaid and health care in underserved areas. A large impact is not anticipated in Vermont.
- Vermont pays on per member/per week basis for nonemergency medical trips. The state is working with CCTA on procurement of statewide intake and dispatch software so providers will have the most robust tool available to coordinate trips. "One call/one click" grant is for software to help veterans. Space on routes already in place is identified so two vehicles are not running in parallel. The program may eventually expand to serve other populations.
- Many strategies identified in the 2008 Human Service Transportation Plan are happening. These include trip coordination, vehicle sharing, regular meetings of regional E&D

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committees, and inter-regional coordination financial and administrative support to transit agency brokers.

- When discussing why the 2008 plan was successful, one participant commented that getting reality and perspective from the E&D committees early in the planning process was helpful.
- The last plan required projects to be specific and named in the plan in order to secure funding. There is more flexibility in the update. The route does not have to be called out.
- A persistent challenge is funding and coordination between funding sources. There is always more demand than funding allows and that is a challenge for providers, especially with Medicaid which is an entitlement program.
- Communication and coordination between the entitlement programs at the state level is needed so there is better use of available funding and resources and no one is acting in a vacuum.
- In Maine the brokerage system was decoupled from providers and this has proven to be a real detriment for riders and the sustainability and viability of providers. Vermont should look to avoid doing this.
- It would be helpful to have the plan show over the next five years funding sources that will not exist anymore.
- Supplemental funding from the E&D program is needed to support high needs and moderate needs groups going to adult day care. Could funds turned into the state by adult daycare centers be used?
- State agencies should pool funding resources and understand how to support each other through transit providers. State agencies should not act in a vacuum. The plan should describe the situation with coordination and with lack of coordination. (Susan Bartlett with the Agency of Human Services will meet with the consultant working on the plan update regarding this matter.)
- Mental health service agencies should be included in the list of services to coordinate in the plan. Methadone clinics in rural areas, vocational rehab programs and services, veteran's services and adult day centers should also be on the list.
- Input should be gathered from AARP.
- School buses to provide rides for high school students from outlying areas to more urban areas was suggested. Non-student riders and discipline problems are issues.
- A transit advocate is needed to help individual users fill in gaps in their transit plan.
- Acute care needs accessible and affordable transportation so the ambulance is not used. Payment for transportation to dialysis treatment three times a week only covers two trips per week.(?)
- There are people not eligible for a specific human service program, but with a need for transportation which should be addressed. There is hesitation to start services because there may not be enough funding to go through the year.
- Recruitment and retainage of volunteer drivers are issues.
- How Medicaid funding is administered and the amount of money available needs to be addressed. There is no way for a transit provider to control or adjust Medicaid rides and funding. Another issue is new enrollment covering the cost of the service that must be provided as part of the Medicaid entitlement program. Providers are being reimbursed at the rate of two years ago and not having a say in the matter.
- Coordination with E&D and the provider is needed. One suggestion is to be paid a rate for a client regardless of the number or cost of the trips. (?)

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- There should be coordination with providers on interpretation and compliance with the regulations.
- Means and needs testing to determine the ride is a suggestion.
- More choice riders. The bus should be promoted to serve more than those who have no other transportation means. An advertising campaign should be done to make the bus more acceptable as a means of transportation. Scheduling is an issue.
- Ticket-to-Ride addresses some of the trips people need.
- Another need is a ride for people without a car to bring their pet to the vet.
- If riders are educated and given a choice they will make a good decision.
- Subcommittees should be established to discuss financing, education, scheduling, and retention/volunteers. With the funding complexity of figuring out who can pay for what, better coordination and seeing where there is flexibility will help avoid providers holding onto money and then having funding remaining at the end of the year. Agencies need to understand the process internally and then communicate with providers.
- Quality of life of those isolated in their home invokes the need for transportation and use of health care services. Providing transportation so people can leave their house and have a better quality of life will decrease health costs, but funding is limited for this.
- Available and affordable housing should be located closer to transportation services. Financial incentives should be offered to communities to establish a town core of housing with transit services nearby. People need to be thinking about their housing and transportation needs in their later years.
- People need to be educated on available E&D transportation resources that can be used for health appointments rather than just going to the emergency room.
- Connectivity between ride systems is needed.

A fact sheet on the plan update and contact information is available. Further comments should be forwarded to Dave Pelletier. A copy of the presentation on the plan update will be sent to PTAC members.(?)

5. ICB SOLICITATION

Barb Donovan reported the three intercity bus routes are Springfield, Massachusetts to White River Junction (already in service), Burlington to Albany through Bennington, and Rutland to White River Junction on Route 4. Bids have been awarded and final details are being worked out. The information will be presented to the legislature on 1/10/14. Start of service is anticipated within the next month with one trip down and back initially. Once service is up and running the next phase is service in the Northeast Kingdom and connection to the international bus network. Schedules/details will be forwarded to PTAC.

6. ANNUAL ROUTE PERFORMANCE REPORT

The legislature requires an annual route performance report. Providers were sent the draft. Comments are due 1/13/14. Information will be posted on the website. PTAC members will be alerted by email.

7. OTHER BUSINESS

Barb Donovan will draft a schedule of future PTAC meetings.

8. ADJOURNMENT

MOTION by Bob Young, SECOND by John Sharrow, to adjourn the meeting. VOTING: unanimous; motion carried.

The meeting was adjourned at 2:58 PM.

RScty: MRIordan

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MINUTES SUBJECT TO CORRECTION BY THE PUBLIC TRANSIT ADVISORY COUNCIL. CHANGES, IF ANY, WILL BE RECORDED IN THE MINUTES OF THE NEXT MEETING OF THE COUNCIL.

**PUBLIC TRANSIT ADVISORY COUNCIL
MINUTES OF MEETING
NATIONAL LIFE BUILDING
5th FLOOR BOARD ROOM
MONTPELIER, VERMONT
June 19, 2014**

ATTENDEES: Chris Cole (Chairman), VTrans
Barb Donovan, VTrans
Dave Pelletier, VTrans
Scott Bascom, VTrans
Ross MacDonald, VTrans
Jackie Cassino, VTrans
Sarah Linn, WRC
Katherine Otto, SWCRPC
Bethany Whitaker, Nelson Nygaard
Sarah Moser, Nelson Nygaard
Rita Seto, TRORC
Steve Gladczuk, CVRPC
Mollie Burke, Legislature
Susan Schreibman, RRPC
Van Chesnut, AT
Bill Watterson, CCTA
Robert Young, Premier Coach
Randy Schoonmaker, DVTA
Lee Cattaneo, COVE
John Sharrow, Mountain Transit
Peter Johnke, VCIL
Robert Moore, LCPC
Sommer Bucossi, VTrans
Mary Grant, RCT
Darryl Benoit, Addison County Planning

1. CALL TO ORDER and INTRODUCTIONS

Chairman Chris Cole called the meeting to order at 1:03 PM. Introductions were made.

2. APPROVAL OF MINUTES

January 9, 2014

MOTION by Bob Young, SECOND by Lee Cattaneo, to approve the minutes of 1/9/14 as written.

VOTING: unanimous; motion carried.

3. VTRANS PROGRAM UPDATES

Barb Donovan and Dave Pelletier reported the following:

- New Intercity bus service is operating from the Colchester park-and-ride to Albany, New York through Rutland and Bennington, as well as between Rutland and White River Junction. Initial ridership is already at approximately is half of the number of boardings per trip

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originally projected for the first year of service year. VTrans will meet with Premier Coach dba Vermont Translines to discuss marketing. The Capital District Transit Authority in Albany is assisting the service with transportation from the bus station to the train station. Vermont Translines is doing mobile ticketing on the bus (the first in the nation) using a system that communicates with Greyhound's ticketing system.

- Two studies with UVM include the personal transportation plan and veterans transportation plan to improve mobility for the target populations.
- The SFY15 budget was approved and includes an increase for E&D funding.
- Human Service Transportation Coordination Plan update is ongoing.

4. HUMAN SERVICE TRANSPORTATION COORDINATION PLAN

Bethany Whitaker and Sara Moser with Nelson Nygaard (NN) reported on progress to date in updating the plan to meet state requirements and be MAP 21 compliant. The following was noted:

- Data collection is done. The data revealed of the target populations there is a 40% increase since 2000 of adults over the age of 60 years, over 30% increase of adults with disabilities, and a 60% increase of adults with physical disabilities. Households earning less than \$20,000 annually have increased and households without a vehicle have increased.
- An inventory of services around the state was created. From this, NN conducted an initial analysis of geographic areas needing more service. Opportunities and strategies to address the needs will be identified.
- Demographics analysis focused on older adults, youth, people with disabilities, and people with low incomes. Older adults often have a need for trips for shopping and medical appointments (many of the latter are covered by Medicaid for those with low income). People with disabilities need transportation for shopping and getting to job training, employment, and programs. Youth need rides to employment after school. People with low incomes need rides to employment (second and third shifts) and to childcare. Other general transportation needs include regional travel and connecting to intercity bus services, acute non-emergency medical appointments, and accessing information on transit services.
- Some of the major funding sources for public transportation include: FTA 5307 and 5311 funding for operation, FTA 5310, Medicaid, DCF, DAIL. Funding generally flows from the Federal level down to the State through an allocation process, then onto subrecipients through a competitive grant process.

Feedback from PTAC is requested.

The charts illustrating the relationships between federal, state, and local funding and service providers are intended to enable the various regions of the state to be compared. The graphics show connections and/or potential opportunities for agencies to coordinate where connections may not currently exist. Vermont is challenged by being a rural state with an increasing population needing services and a high population of people with disabilities and people with low income. With a population of 600,000 in Vermont there are approximately 200,000 people needing services. Funding of \$34 million equates to about \$60 per person or two to three funded rides. E&D committees are focused on allocating funding and addressing critical needs and coordinating resources. Funding for human service transportation mostly flows to the public transit providers. The major sources of human service transportation funding are the Medicaid Non-emergency medical transportation (NEMT) program administered by the Department of Vermont Health Access (DVHA), and the Elderly & Disabled person's transportation program administered by VTrans.

Veterans programs operate separately from the general public transportation network. VTrans and the public transit providers are working toward better coordination and awareness between programs.

Mary Grant briefly described the top down approach in her area that combines different types of rides in one vehicle (E&D and Medicaid rides in one car). The approach has been very successful. Barb Donovan said she was contacted by the recently hired VA mobility manager to help take advantage of available transit services. There is coordination within regions, but coordination between regions can still be improved. Recent years have seen strong inter-regional coordination with the start of many commuter public transit routes, but there may be room to improve human service transportation between regions.

The Council discussed numerous ways to improve coordination of services and general mobility of public transportation customers. The state entered into a contract to do base mapping (GTFS project) as the first step to creating a trip planner for customers. This will enable riders to more easily identify how to make public transit trips between locations and how to link more than one service to facilitate travel.

John Sharrow suggested ride coupons to enable easier / free transfers between services to encourage coordination. Other possible solutions to improve coordination of services include mobility management staff to facilitate coordination of trips and connection to resources, and the “blueprint for health” supported by medical institutions where patients get assistance in solving their transportation needs and trip planning (i.e. personal mobility plan for the individual). The UVM study will be a test of personal mobility plans with people with disabilities in Chittenden County.

Bill Watterson observed the shift appears to be from high cost services to lower cost public transit services, and this will only work with scale and density of population as well as available public transit services. Bethany Whitaker mentioned the program in Brattleboro involving parent volunteers bringing home other students from school and deadhead school bus trips so the approaches can be creative.

Daryl Benoit suggested Hinesburgrides.org should be included in the plan. The organization has volunteer drivers to transport people to transit and para-transit services. Mary Grant suggested working with communities to help establish rides to doctor appointments and shopping. Ms. Grant said she is working with the local rescue squad to help with medical discharge rides after hours. Transportation management associations TMAs can educate, inform, and promote the use of available services, not just provide services. TMAs and transit agencies should work together more effectively to benefit the community. Go Vermont is working to spread the word to choice riders and other target populations who need rides. Ross MacDonald suggested considering volunteer networks plugged into the rural demand response network, much like the Uber program.

5. PARK & RIDE PLANNING PROJECT

Jackie Cassino and Ross MacDonald reported the statewide park-and-ride facility plan will assess existing conditions, look at approaches by other states, do a gap analysis, look at future facility needs, funding sources, and alternative park-and-ride strategies. The plan will outline capital, maintenance and operational costs. Feedback from transit providers and regional planning commissions will be gathered. Chris Cole added the project was initiated internally by VTrans in an effort to prioritize investments and create better inter-modalism with park-and-rides and transit.

Darryl Benoit suggested leasing parking lot space where there is excess unused parking already in existence. Off-site or intercept lots were also mentioned. Van Chestnut suggested projecting potential future demand so the land can be secured now. Chris Cole said VTrans will review each suggestion. Most of the state's policies are geared toward reducing miles traveled, reducing greenhouse emissions, and mitigating climate change as much as possible.

Peter Johnke said his experience is most park-and-ride facilities are too far off the beaten path which is a problem.

6. OTHER BUSINESS

Projects

- Need within the deaf/blind community has been identified and support service providers are traveling with individuals.
- Capital projects include:
 - Rockingham park-and-ride addition of 90 spaces;
 - CRT expansion of maintenance capacity;
 - DVTA Wilmington new maintenance and admin building;
 - Brown field conversion to community use with creation of a walking path.
- First draft of the FY16 budget being done by Barb Donovan. Forward any known needs to Ms. Donovan.

Next Meeting

To be announced.

7. ADJOURNMENT

With no further business the meeting was adjourned at 3 PM.

RScty: MRIordan

Appendix B MAP-21 Funding Changes

As described previously, MAP-21 consolidates smaller programs, most notably Job Access and Reverse Commute (JARC) and New Freedom, into the formula programs, which means that the funding sources themselves are coordinated and consolidated, thus making coordinated planning a more streamlined process. Coordination with human services remains a requirement for FTA grantees across the range of all non-rail FTA programs and all statewide and metropolitan transportation planning. Coordination of service delivery continues to be a requirement in all three core FTA grant programs, Section 5307, Section 5310, and Section 5311.

To date, the consensus of policy makers is that mobility management remains relatively unchanged in MAP-21. As it was under SAFETEA-LU, mobility management is still considered a capital expense, eligible for 80 percent federal funding, and the definition of mobility management is unchanged from SAFETEA-LU. Mobility management continues to be an eligible capital expense in every Federal Transit Administration (FTA) grant program other than Section 5339 Bus and Bus Facilities.

Finally, as discussed in the individual programs, the requirement to include projects in coordinated plans is more flexible under MAP-21. Job access and reverse commute projects and projects for seniors and people with disabilities are no longer required to be selected from a coordination project, but are merely recommended by the FTA to be included in the coordinated planning process.

Formula Programs

Urbanized Area Formula Funds (Section 5307)

FTA Section 5307 is the urbanized area formula funding program distributed to areas with a population of 50,000 or more as designated by the U.S. Census. It provides funding for transit capital, transportation-related planning, and job access and reverse commute projects that provide transportation to jobs and employment opportunities for welfare recipients and low-income workers. As was the case in SAFETEA-LU, capital expenses require a 20 percent local match and operating expenses require a 50 percent local match. The federal share for ADA and Clean Air Act (CAA) vehicles and for certain bicycle projects is 85 percent. The federal share is 90 percent for ADA and CAA vehicle related equipment or facilities²².

There are two major changes under the FTA 5307 Formula Funds:

- **Consolidation of Job Access and Reverse Commute (JARC) with 5307** – Activities eligible under the former JARC program in urbanized areas are now eligible under Section 5307. Under MAP-21, operating assistance for job access and reverse commute activities is included in Section 5307. Consistent with this change, the urbanized area formula for distributing funds also includes the number of low-income individuals as a factor. There is no floor or ceiling on the amount of funds that can be spent on job access and reverse commute activities. Projects funded as job access and reverse commute projects no longer need to be selected from a coordinated planning process, which provides more flexibility to grantees; however, FTA encourages Section 5307 recipients to continue the coordinated planning process and consider the funding needs of existing job access and reverse commute projects and services.

²² <https://www.govtrack.us/congress/bills/112/hr4348/text>

- **New Operating Assistance Authority** – SAFETEA-LU allowed operating costs for urbanized areas with populations under 200,000, and now, MAP-21 expands eligibility for using Urbanized Area Formula funds for operating expenses to urbanized areas over 200,000. As a direct recipient of 5307 funds, the Chittenden County Transportation Authority (CCTA) is eligible to use 5307 funds for transit operations. CCTA's FY2014 appropriation is \$2,153,100.

Another important change to the 5307 program under MAP-21 is that 5307 funds may not be transferred to highway projects. MAP-21 also creates new local match eligibility: certain expenditures by vanpool operators and funding provided by other government agencies or departments that are eligible to be expended on transportation may now be used as local match.

Rural Area Formula Funds (Section 5311)

This program provides capital, operating, and planning funding assistance for public transportation projects in non-urbanized areas (fewer than 50,000 residents). As was the case in SAFETEA-LU, capital expenses require a 20 percent match and operating expenses require a 50 percent match. The federal share for ADA and CAA vehicles and for certain bicycle projects is 85 percent. The federal share is 90 percent for ADA and CAA vehicle related equipment or facilities.²³ The administrative % unfortunately was reduced to 10% which resulted in a loss of funding for administration.

There are a few key structural changes made with passage of MAP-21:

- **Consolidation of JARC with 5311** – Activities in rural areas eligible under the former JARC Program are now eligible under the Section 5311 program. Consistent with the 5307 program, Section 5311 funds now include operating assistance for job access and reverse commute activities and the formula used to distribute funds likewise includes the number of low-income individuals as a factor. There is no floor or ceiling on the amount of funds that can be spent on job access and reverse commute activities. Projects funded as job access and reverse commute projects do not have to be selected from a coordinated planning process. However, FTA encourages 5311 recipients to continue the coordinated planning process and consider the funding needs of existing job access and reverse commute projects and services.
- **Less Funding for Administration** – MAP-21 reduces the allowable expenses for state administration (which also includes planning and technical assistance) from 15 percent to 10 percent.
- **New Safety Certification Training** – 5311 recipients may spend up to 0.5 percent of their formula funds for not more than 80 percent of the cost of training an employee who is responsible for safety oversight in public transportation safety certification training.²⁴
- **Planning is now an eligible activity** – SAFETEA-LU allowed states to use planning as a portion of an administrative set aside, but in MAP-21 transportation planning is a new eligible activity.

JARC absorption into 5311 may be challenging for some agencies because funding that was previously available only for job access and reverse commute projects is pooled into the larger Section 5311 fund. This means funds will be subjected to the inter-city bus percentage of 15 percent of the annual apportionment that each state is required to spend. This resulted in a large increase in the amount VT needed to spend on inter-city transportation. Although funding has increased for 5311 projects

²³ <https://www.govtrack.us/congress/bills/112/hr4348/text>

²⁴ <http://www.nationalrtap.org/Admin/AllNews/tabid/10396/token/detail/nid/95/Default.aspx>

overall, allocating a portion of funds to inter-city bus projects may reduce the overall amount of funding for job access services.²⁵

Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310)

Under MAP-21, FTA Section 5310 includes more eligible activities to enhance mobility for seniors and people with disabilities. These activities are: 1) former New Freedom (Section 5317) activities (improvements that exceed the requirements of the Americans with Disabilities Act (ADA)); 2) public transportation projects to improve access to fixed route transit; 3) public transit projects expressly designed for seniors and people with disabilities, where transit is insufficient, inappropriate or unavailable; and 4) alternatives to public transportation that assist seniors and people with disabilities. Some changes to the FTA 5310 program are summarized below.

Unchanged from SAFETEA-LU, the Federal share for capital projects under FTA 5310 is 80 percent with a 20 percent required local match. The Federal share for operating assistance is 50 percent. ADA/CAA programs have an 85 percent federal share for vehicles and 90 percent federal share for vehicle equipment and facilities.

- **New Distribution Formula** – Funds are apportioned based on each state’s share of the targeted populations and are now apportioned to either 1) states (for all areas with populations under 200,000) or, 2) large urbanized areas (over 200,000).
- **Selection Process** – MAP-21 reduced the need for the coordinated planning process to only those projects funded by the 5310 program. FTA recommends that these projects are included in a coordinated transportation plan, but they no longer need to be “derived from” a coordinated transportation plan, which creates a less stringent coordinated plan requirement than SAFETEA-LU. The competitive selection process, which was required under SAFETEA-LU, is now optional.
- **Operating Assistance is now an Eligible Activity** – In SAFETEA-LU, New Freedom funds could be used for operating or capital projects, but Section 5310 funds could only be used for capital. Now that New Freedom funding has been absorbed into the current Section 5310, under MAP-21 Section 5310 can be used for operating assistance. The legislation caps the amount of 5310 funds that can be used for operating assistance at 45 percent of program funds. At most, 10 percent of the total funding amount is allowed for program administration.
- **Minimum Expenditures on 5310 Activities** – At least 55 percent of program funds must be spent on the types of capital projects eligible under the former section 5310: public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable. Mobility management is still considered a capital expenditure.

²⁵ Conversations with Barbara Donovan at VTrans, November 25th, 2013.

Capital Programs

As allowed by the FTA, VTrans flexes Federal Highways Administration (FHWA) funds under both the Surface Transportation Program (STP) and Congestion Mitigation and Air Quality Improvement Program (CMAQ). These funds are used for a variety of purposes, including:

- Providing additional money to meet administrative costs which allow other funds to be used for an extensive program to transport the Elderly and Disabled
- Meeting capital and capital maintenance costs
- Supporting operating costs for new and expanded routes to meet the requirements in the CMAQ program
- Meeting the costs of VTrans in administering the FTA programs (which is limited to 10 percent of the original 5311 award to the state)

State of Good Repair Grants (Section 5337)

State of Good Repair grants (SOGR) is a new program established by MAP-21 to replace the Fixed Guideway Modernization Program (5309) in order to maintain transportation systems in a state of good repair. Funding is limited to rail, bus rapid transit, passenger ferries, and high intensity buses that operate in HOV lanes. The new formula comprises: 1) the former fixed guideway modernization formula; 2) a new service-based formula; and 3) a new formula for buses on HOV lanes. Authorized funding for this program is \$2.1 billion in FY2013 and \$2.2 billion in FY2014. There is no local match requirement.

Projects with Section 5337 funding must be included in a transit asset management plan under Section 5326 Asset Management Provisions, which develops guidelines for capital asset inventories, condition assessments, and investment prioritization.

In the past, VTrans used SOGR funds to provide vehicles and facilities for human service transportation, and some of the vehicles funded through SOGR grants were leased by VTrans to human service providers. However, these funds are no longer available to small bus systems like VTrans, only to those with rail, bus rapid transit, passenger ferries, and high intensity buses. In SAFETEA-LU, there were three sections that are not included in MAP-21, one of which was a competitive program where Vermont received some funds that could be used on their bus systems. Prior to SAFETEA-LU some SOGR funds were earmarked for use by smaller systems, but the new SOGR program does not include earmarked funding.²⁶

Bus and Bus Facilities Program (Section 5339)

A new formula grant program is established under Section 5339, replacing the previous Section 5309 discretionary Bus and Bus Facilities program. This capital program provides funding to replace, rehabilitate, and purchase buses and related equipment, and to construct bus-related facilities. As part of the distribution formula, each state will receive a \$1.25 million allocation for capital assistance. The Federal share for capital projects remains at 80 percent with a required 20 percent match. These funds will not reach the level that VTrans enjoyed under earmarks and will cause an expensive problem finding other funding to replace and expand vehicle fleets.

²⁶ Emails with Barbara Donovan at VTrans, December 5th, 2013.

Surface Transportation Program (STP)

STP funding may be used by states and localities for projects that preserve and improve surface transportation projects, including highways, transit, intercity bus, bicycle, and pedestrian. These funds may be used for transit research and development, planning for surface transportation, capital costs for transit projects, and transportation alternatives. STP funds may be transferred (or “flexed”) over from the state to transit agencies and localities for transit projects. MAP-21 did not make any substantial changes to the STP funding.

Congestion Mitigation and Air Quality Funds (CMAQ)

The CMAQ program, which is jointly administered by the Federal Highway Administration (FHWA) and the Federal Transit Administration (FTA), provides funding to State DOTs, MPOs, and transit agencies to invest in projects that reduce air pollution in areas that do not meet the National Ambient Air Quality Standards (nonattainment areas). CMAQ funds can be used for a wide variety of transit uses, including programs to improve public transit, High Occupancy Vehicle (HOV) facilities, Employee Trip Reduction (ETR) programs, traffic flow improvements that reduce emissions, bicycle/pedestrian facilities, park-and-ride facilities, and programs to restrict vehicle use in areas of emission concentration.

MAP-21 legislation also redefined telecommuting, ridesharing, carsharing, and pricing projects as eligible for CMAQ funding. These funds are largely used to fund clean air capital projects but a portion of funds can be used for operations to support a demonstration or pilot project for a period of three years. Thereafter, the project is supposed to be financially sustainable or secure other funding sources in the long-term.

Starting in FY2013, all CMAQ projects now require a 20 percent local match, with the exception of carpool and vanpool projects, which are still eligible for 100 percent Federal funding but limited to 10 percent of the total funds apportioned to a state.²⁷ Guidance from the FTA states that any CMAQ operating project that was operating and funded by CMAQ in 2012 is eligible for continued funding.

²⁷ <http://www.fhwa.dot.gov/map21/guidance/guidecmaq.cfm>

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Federal Transportation Funding²⁸

Program Fund Source	Funding Purpose	Use of Funds	Eligible Recipients	Local Match Requirement	Applicability to Strategies	Comments
Federal Transit Administration (FTA) 5339 Bus and Bus Facilities Program	Capital Projects for buses and bus-related facilities	Capital projects only	Public transit operators	Capital: Federal Share 85%; required 15% match for vehicles.	Funds tend to be for large scale projects; coordinated purchase of several vehicles could increase funding potential	Under MAP-21, this is a new formula grant program under Section 5339 to replace the previous Section 5309 discretionary Bus and Bus Facilities program. Funds can be used to replace, rehabilitate, and purchase buses and related equipment, and to construct bus-related facilities
FTA Section 5307 Urbanized Area Formula Funds, including Mobility Management	Transit planning, operations or capital projects; funds can be used in urbanized areas	Capital projects and operations including job access & reverse commute projects	Public transit operators and counties	Capital: Federal Share 85%; required 15% match Operations: Federal Share 50%; required 50% match	Applies to services focused on urbanized areas	Under MAP-21, JARC funds have been consolidated under Section 5307. Funds for providing services to low-income individuals to access jobs or support reverse commuters are now eligible under 5307
FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities	Funding for capital projects and operations to improve mobility for seniors and persons and persons with disabilities beyond the traditional Americans with Disabilities Act (ADA) paratransit services	Capital projects and operations	State and local government agencies, nonprofit organizations and public transit agencies	Capital: Federal Share 85%; required 15% match for vehicles Operations: Federal Share 50%; required 50% match	Strong potential for capital and operating funds for several strategies especially dial-a-ride, transit services in small cities, mobility management and others	Under MAP-21, this program now allows funds for operations, however 55% of program funds must be used for capital projects and 45% for operations to improve mobility for targeted populations
FTA Section 5311 Rural Area Formula Funds	Funding for capital projects and operations in non-urbanized areas with population under 50,000	Capital projects and operations including job access and reverse commute projects	Public agencies, local governments, tribal governments, nonprofit agencies	Capital: Federal Share 80%; required 20% match Operations: Federal Share 50%; required 50% match	Vehicles could be potentially funded for small cities in Kaufman County; funds could also be used to support fixed route and dial-a-ride operations	Agencies apply for formula based funding; unlikely additional funding available. Low-income populations in rural areas is now incorporated as a formula factor under MAP-21. Certain expenditures by vanpool operators may be used as local match, where applicable

²⁸ Sources include: MAP-21 Transit Programs Summary and MAP-21 Program Overview on the FTA website, <http://www.fta.gov/map21>

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Program Fund Source	Funding Purpose	Use of Funds	Eligible Recipients	Local Match Requirement	Applicability to Strategies	Comments
FHWA Surface Transportation Program (STP)	Funding for capital projects, primarily non-transit, except transit projects eligible for assistance under chapter 53 of title 49, including transit capital projects and intercity bus terminals	Capital projects for a variety of transportation projects, including facilities used to provide intercity passenger bus service	Funds go through State governments, and MPOs. Transit agencies are eligible recipients	Capital: Federal Share 80%; required 20% match	Potential to use these funds for vehicle acquisition for community shuttle service and possibly transit service in several small cities	Continuation of SAFETEA-LU STP program. These funds are typically not used for transit, but they can be transferred (or "flexed") over from the state to transit agencies and localities for transit projects.
Congestion Mitigation and Air Quality Improvement Program (CMAQ)	Funds for transit capital projects that contribute to the attainment or maintenance of federal air quality standards	Primarily for capital projects; a small portion may be used for transit operations	State and local governments, transit agencies	Capital: Federal Share 80%; required 20% match Operations :Federal Share 50%; required 50% match	CMAQ capital funds could be used to purchase vehicles for transit service if able to demonstrate auto trips would be eliminated and reduce emissions; funds could also be used to "jump start" this new service	A portion of CMAQ funds may be used for operating expenses for the first three years of new or expanded transit service. These funds are typically not used for transit, but they can be transferred (or "flexed") over from the state to transit agencies and localities for transit projects. CMAQ will fund 100% of Carpool/Vanpool projects

Appendix C Outreach Results

In the spring of 2014, each Regional Planning Commission was provided the opportunity to provide comments on their current transportation needs and challenges, target populations, and innovative solutions that have been developed since the previous HSTCP in 2008²⁹. Each RPC was encouraged to solicit input from the regional Transportation Advisory Committee, Boards of Directors, regional E&D committees and any other relevant regional stakeholder, such as the Area Agency on Aging. Comments were received from four regions: Central Vermont, Champlain Valley, Southeast Vermont, and Southwest Vermont.

Responses were collected from:

- Lamoille County Planning Commission
- Central Vermont Regional Planning Commission
- Vermont Center for Independent Living
- Champlain Valley Agency on Aging (CVAA) (John Barbour, CVAA, Executive Director)
- Champlain Valley Agency on Aging (CVAA) (Laura Murphy, Community Programs Coordinator)
- VT Association for Blind & Visually Impaired (VABVI)
- Neighbor Rides
- Colchester E & D
- Hinesburg E & D
- Richmond E & D
- Winooski E & D
- Vermont Center for Independent Living (VCIL) - Chittenden County
- Northwest Regional Planning Commission
- Care Partners
- Champlain Islanders Developing Essential Resources, Inc. (CIDER)
- Vermont Association for the Blind and Visually Impaired (VABVI)
- Southern Windsor County RPC/Windham Regional Commission
- Bennington County Regional Commission
- Rutland E & D
- Southwestern Vermont Council on Aging (SVCOA)

²⁹ All comments provided are views and opinions from individuals who submitted responses to specific questions related to challenges and opportunities of transportation services in each region. These opinions do not necessarily reflect actual rules, laws, or occurrences.

Central Vermont

- Services vary across Vermont. Typically there are more services (greater frequency of routes) in more urban areas and fewer in rural communities. Public Transit Providers provide almost all of the services for people with disabilities. Ticket-To-Ride (in Central Vermont) gives riders a say in how dollars are spent.
- VCIL's Information and Referral Program is one source of information. Many people will call the local transit provider directly to access services or information. Also, seeking information via the web is increasing.
- The Human Services Transportation Coordination Plan must also address the issue of isolation felt by people with disabilities and elders. Various surveys indicate that lack of transportation leaves them isolated. This also has a direct impact on their health and well being.

Innovative Solutions

- In Vermont Elders and Persons with Disabilities Transportation Program Review, submitted to the Department of Aging and Independent Living (20004/2005), the Ticket To Ride Program was noted for "Best Practices". It is a user-side subsidy for people with disabilities and elders, to have control over how they use their voucher for personal transportation needs.

Lamoille County Planning Commission

- Among the greatest transportation needs in Lamoille County is the need to reach medical appointments and healthcare services, as well as on-going social support services, such as substance abuse withdrawal programs.
- As a small, rural county, Lamoille County offers limited social and human services. As a result, people often need to travel outside the county to access these resources.
- The Migrant Farmworker population is increasing and there are no State or local support systems for this population to access healthcare. The population depends on the farm owner or Bridges to Health in Burlington finding them local volunteers.
- Challenge in spreading the word about available services
- Need for more affordable transportation
- For certain substance abuse withdrawal programs, clients will have to go to Berlin or Burlington. That can be very difficult for people. While RCT is available, they only accept Medicaid patients and they often won't allow children to accompany parents/ guardians or other reasons that disqualify riders from using that service. The problem seems to be a lack of transportation both within the county and to places outside the county where the services are more readily available.

Innovative Solutions:

- Websites that connect users with rideshares; childcare transportation van will sometimes take a young mom to her alternative high school program along with getting her child to care.
- RCT started weekly shuttle between Morrisville and Johnson for shoppers both ways, can also take shuttle for medical appointments.

Champlain Valley

Region-wide Services

- Need for more standardized transportation services/funding allowances throughout the state, less county-by-county variation.
- There is little advertising except for the public routes—it would probably overwhelm CCTA and SSTA's ability to provide rides within system capacity and budget. Unless riders call CCTA or SSTA directly or are connected with a human service agency, they may not know about their transportation options.
- CCTA's paratransit services needs trip planning software to relieve the burden of trying to coordinate approximately 700 trips per day. The current manual system is time consuming, inefficient, and expensive. It is difficult to adequately use volunteer drivers under the current system, and the use of volunteer drivers is one of the most effective ways of providing more rides with the same funds.
- We are forced to limit rides in many areas to medical purposes only and further limit them to four or five rides a month. In Chittenden County we pay for no shopping trips or social visits (like to a spouse in a nursing home). The limits constantly change as we try to stay within the E&D allocation.

Innovative solutions:

- In the spring of 2012 a group of human service providers, CCTA and SSTA met to create a volunteer driver program. Champlain Valley Agency on Aging (CVAA) was one of the original advisory committee members. Using grants from the Fanny Allen Corporation, FAHC, the United Way and others, we hired a coordinator (housed at the United Way), developed volunteer driver procedures and manuals, conducted a county-wide recruitment program, and signed on 20+ volunteer drivers. In the 12 month period March 2013 through February 2014, 10% of all E & D rides were provided by volunteer drivers. As compared with rides in 2012, the E & D program (all stakeholders) has been able to provide 15% more rides (based on the lower cost per ride). In the 12 months since SSTA started using the Neighbor Rides volunteers, CVAA has been able to reduce its cost per ride by 32%, and we estimate that the Countywide program will provide 50% more rides than last year.
- In the late summer of 2013, CVAA initiated a van route for Bhutanese seniors from Winooski and South Burlington to attend a popular senior meal program at the Champlain Senior Center twice weekly. The program grew so much that it was split in two and participants from Winooski, South Burlington, and later Essex Junction were moved to a new Bhutanese program at the Winooski Senior Center. (All the Burlington Bhutanese residents walk to the Champlain Senior Center.) CVAA's E & D funds were used for meal sites to provide this much-needed service.

Addison County

- Addison County faces a significant need for transportation by those with acute medical needs such as dialysis, radiation and chemo therapy, as well as access to employment and existing public transportation.

- Service providers recognize that existing services are only meeting a limited amount of the county's needs, due to insufficient funding.
- Individuals who need post-heart attack cardiac rehab, or post-surgery physical therapy two or three times represents a significant unmet need. For patients who are no longer homebound, the 3-times per week physical therapy is essential to regain strength and agility, but our present rationing only meets 1/3 of that need. Post heart attack or post surgery can be a very stressful and anxious time, and rehab can help greatly in building confidence and stamina, if only patients can get there.
- Educational and vocational needs are not met by E & D or for those who are not on a fixed route or deviated fixed route. Individuals may give up on education or employment opportunities if they cannot get there.

Innovative Solution:

- A couple of years ago we used E & D funds to purchase bus passes for people who would otherwise be eligible for E & D, but who lived on the bus route, and were able to ride it. This helped to stretch E & D funds while providing a significant number of rides.
- The use of volunteers helps a lot in keeping the cost of rides at a minimum.

Chittenden County

- Chittenden County is home to a large and growing immigrant and refugee community, many of whom have limited or no ability to speak English. Many are aging and have limited independent mobility, and are very dependent on public transportation and E&D. The change in Medicaid policy that Medicaid beneficiaries are no longer provided with a bus pass to be used for any purpose further isolates this group.
- While transit providers in Addison and Franklin Counties routinely bring people into Burlington for medical services, transit providers in Chittenden County are not willing to take someone from Milton to St. Albans for dialysis, even if it is closer. SSTA is the only E & D provider that has a general practice of not crossing county lines to take riders to medical or other appointments. A dialysis patient who lives in Milton is closer to the treatment center in St. Albans, but cannot get an E & D ride there. He or she cannot get a ride to the PCP in Georgia, either. In the past, CVAA has had to make convoluted arrangements with other transit providers to get patients where they need to go. While the number of requests is not huge, there have been requests over the years that we have not been able to accommodate. This policy is not consistent with providing the least costly alternative if a desired service is closer. It also does not meet a rider's need if the service is not available across county lines. All other public transit providers regularly deliver riders to destinations in other counties. SSTA made a policy decision to not do out-of-county trips, since longer-distance trips pose a capacity issue for them. On rare occasions, they will make an exception for a Medicaid patient. Transit providers should not be allowed to operate only within county boundaries if the cost is no greater to cross the county line.³⁰

Need for transportation options:

- There are simply not enough transportation options available to those that need them. Especially to those people living in the more rural communities like Richmond, Jericho,

³⁰ This issue is limited to Chittenden County and is related to contracting issues.

Underhill and the Grand Isles. We need more transportation options and transportation flexibility for people in the area, especially for the elderly or those people with disabilities.

- In a rural state like Vermont, It is important to have a variety of modes of transportation (accessible van, taxis & volunteers) available. The region has only one cab company which has been approved to transport riders for Medicaid and E&D transportation. There are not enough volunteer drivers to adequately meet the region's needs.

Funding limitations:

- The amounts of E&D funds available for the region are insufficient to meet the needs of the community. CVAA has had to significantly cap the number of available rides per month. Transportation for recreational activities or other personal reasons are limited or non-existent.

Innovative Solutions:

- Procurement of scheduling and dispatch software has potential to significantly increase efficiency by allowing real-time negotiation of pickup/dropoff times to combine trips on paratransit/volunteer vehicles.
- In 2012, CCTA launched a mobility management program to expand awareness and usage of the fixed route system by seniors and people with disabilities. Mobility management works with individual passengers and groups to identify opportunities to maximize transportation options.

Franklin and Grand Isle Counties

- Three things that came up include aligning bus schedules in Grand Isle County that will enable low income residents access to opportunities; the importance of providing the extra dialysis trip; and preventing social isolation by providing services to nursing care facilities, hospitals, churches, community centers and libraries.
- The most significant human service transportation needs involve (a) non-medical and non-Medicaid reimbursable transportation for Medicaid recipients (e.g. an appointment with Probation & Parole or Economic Services), (b) transportation for purely social (isolation) purposes, and (c) vocational transportation for human services clients.

Innovative Solutions:

- Chittenden County's Neighbor Rides program was cited as a model that could be used to supplement efforts by GMTA in Franklin County. Neighbor Rides recruits volunteers through a community organization, and attracts those who want to be more involved and engaged in their own community. Many transit agencies rely on attracting volunteers with monetary reimbursement rather than local engagement, which may not produce high retention rates. A community-based approach like that of Neighbor Rides can yield volunteers who are motivated by community involvement, especially those who may not know about or specifically seek out volunteer driver programs.
- A couple of years ago, CVAA purchased 200 10-ride bus passes and distributed them to case managers, dialysis social workers, the staff at the Chronic Care Initiative, and other human service workers in the county. They give them to clients who are able to use the fixed or deviated route system around St. Albans, giving them more ride choice and

opportunity. About 90% of tickets have currently been distributed to clients, and CVAA recently ordered another batch of passes to distribute.

- The E & D stakeholders work cooperatively to internally re-distribute E & D funds to meet the changing needs of each of the partners. Given the unpredictable nature of ride demand, each partner knows that if demand for dialysis or adult day (both frequent trip ride types) changes, he or she can request unused funds from another partner.

Southeast Vermont

Windsor and Windham Counties

Most significant needs:

- Rides for medical appointments and pharmacy services
- Access to food shopping
- Access to human services
- Access to work
- The needs of the homeless (health care, human service, food, work).
- We need additional volunteer drivers in our region.
- Weekend and evening support groups
- Rides to seek and sustain employment

Challenges:

- Providing reasonable level of services for people not living in towns with in-town routes (ie people in all towns except Bellows Falls, Brattleboro and Springfield)
- Providing transportation for people for employment on second shifts or non-traditional work hours ... transportation needs for evening and third shift and weekends are real
- Disconnected populations with limited access to technology, few ways of reaching population – no internet, sometimes no phone
- The transportation needs are usually not one time issues examples given are long-term daily transportation for Substance Abuse Treatment at the Hub or seeking and sustaining employment in the low paying job.

Innovative Solutions:

- The Community Health Team at Springfield Medical Care Systems (CHT) pulled together a Transportation Needs Committee in November of 2012. The committee is comprised of 18 community/regional partners who collaborate to offer education, outreach, and solutions to the transportation needs and challenges of our community.
- The CHT launched a six-month Holt Grant in January 2014, which is a creative community effort to identify and bridge gaps in transportation. Our primary goal is to increase public awareness about the existing transportation services in our communities, and to offer practical access options to transportation that improve the health and wellbeing of the people we serve.
- The CHT provided Transportation Support Packets to medical practices and community partners that include the most up-to-date public transportation routes, practical

educational materials, bus passes, gas cards and our convenient transportation algorithm (attached).

- Additionally, the Community Health Team is available to help solve problems and find solutions for folks experiencing problems with transportation. The effort is called HealthTransit and our goal is to help people locate transportation services for non-emergency health and wellness services. To date, HealthTransit has provided efficient access to health and wellness services for dozens of community members, as well as the 3rd dialysis ride a week for patients using the E&D program.

Southwest Vermont

Bennington County

- Transit service in general here is compartmentalized and inefficient. There are many services in the region that provide transportation to different groups. GMCN, Bennington Project Independence (BPI), the public school system, and all of the colleges and vocational schools have vehicles and provide unique services to their own constituencies, but these services are not coordinated and provide variable levels of service.
- Like other counties, Bennington cites the limits of public service provision by bureaucratic borders as a significant barrier to transportation services, especially since the county shares borders with other regions and two other states. Although there may be direct routes to destinations in neighboring counties (Windham) or states (Massachusetts or New York), reaching these destinations by transit can require multiple transfers and indirect routes, since services are provided by different agencies for each jurisdiction.

Rutland County

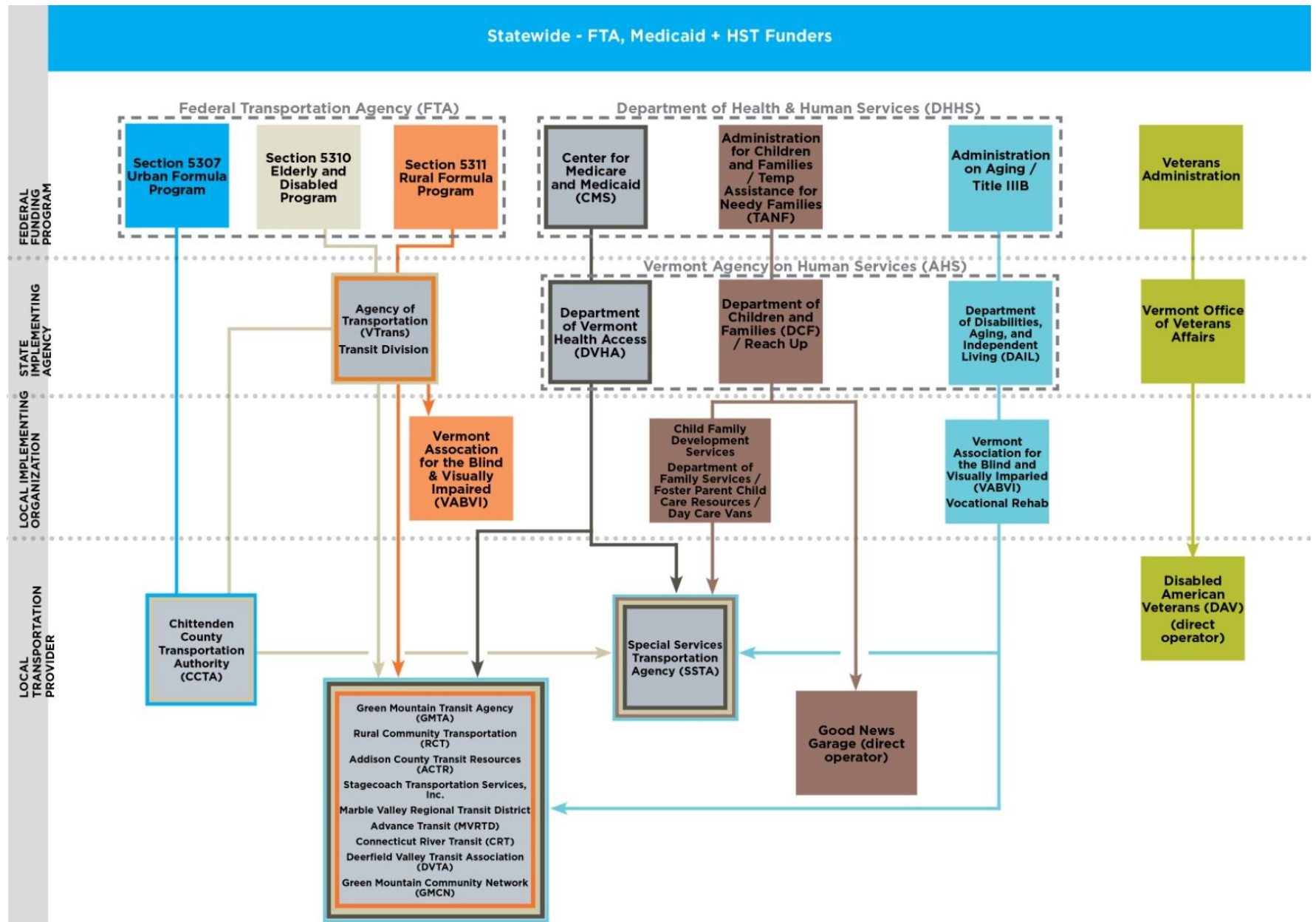
Challenges:

- There is a perceived sense that there have been cuts and reductions in funding for non-medical transportation, including work, school, shopping, and other destinations, even though the E&D funds have increased slightly in recent years.
- While we always try to be efficient with the use of our transportation funds, our program staff is spending an excessive amount of time modifying schedules and appointments to work within the current funding restraints. Most clients are very willing to make adjustments to get the ride, but the degree to which we currently need to do this is very time consuming and a drain on limited staff time. Even with these efforts, we have still had to turn people away from accessing our services, including some for medical trips.
- Growing senior population, and risk of increased social isolation with reduced transportation options
- The main concern is that transportation funding has been cut and/or level funded for years yet the ridership numbers are increasing.
- Better coordinated client education is needed so that individuals know what services they can utilize and how to access Medicaid if they are eligible. A comprehensive list of the service providers and a plan to distribute them would be very helpful.

Appendix D Regional Funding Flow Charts

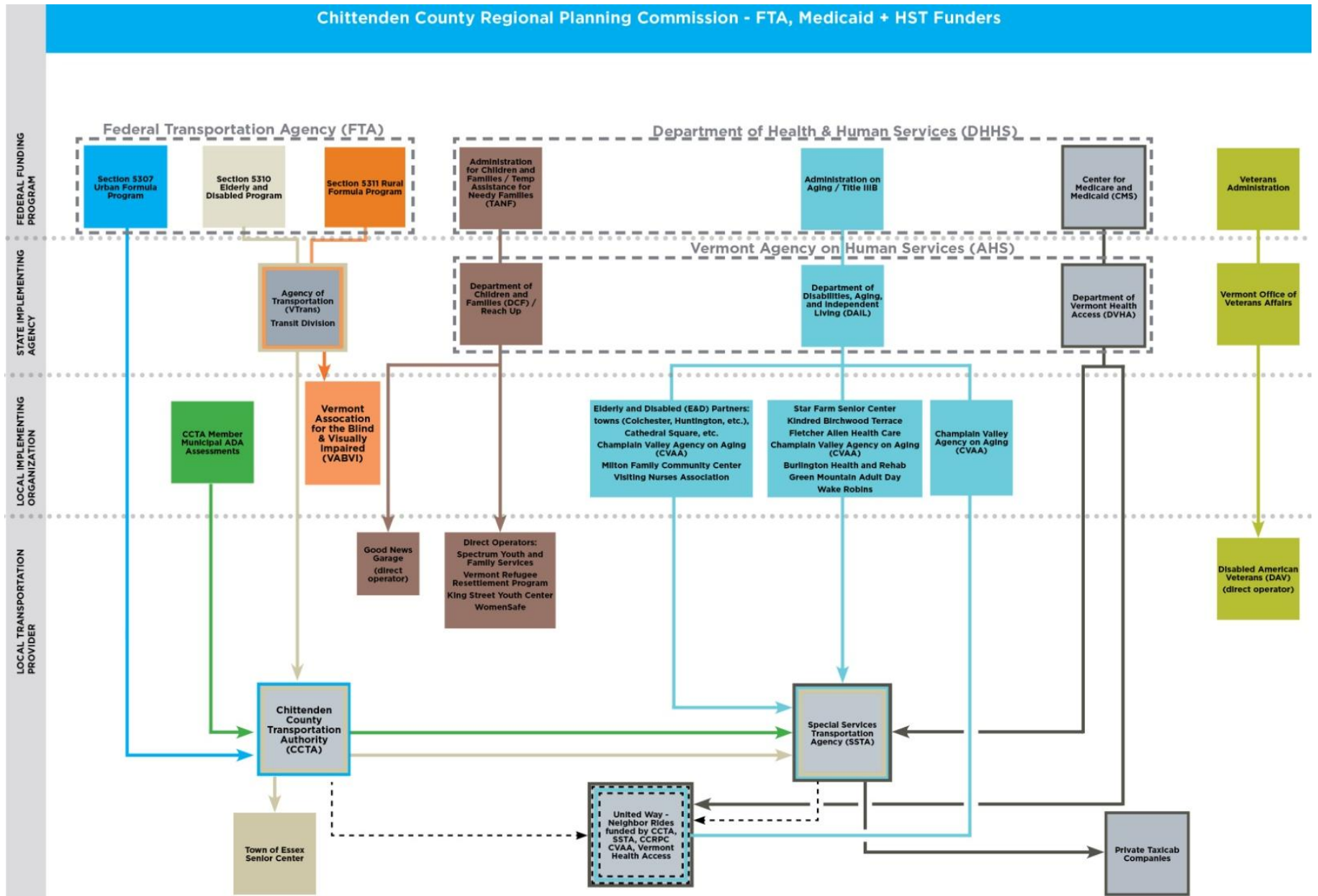
Human Service Transportation Coordination Plan

Vermont Agency of Transportation (VTrans)



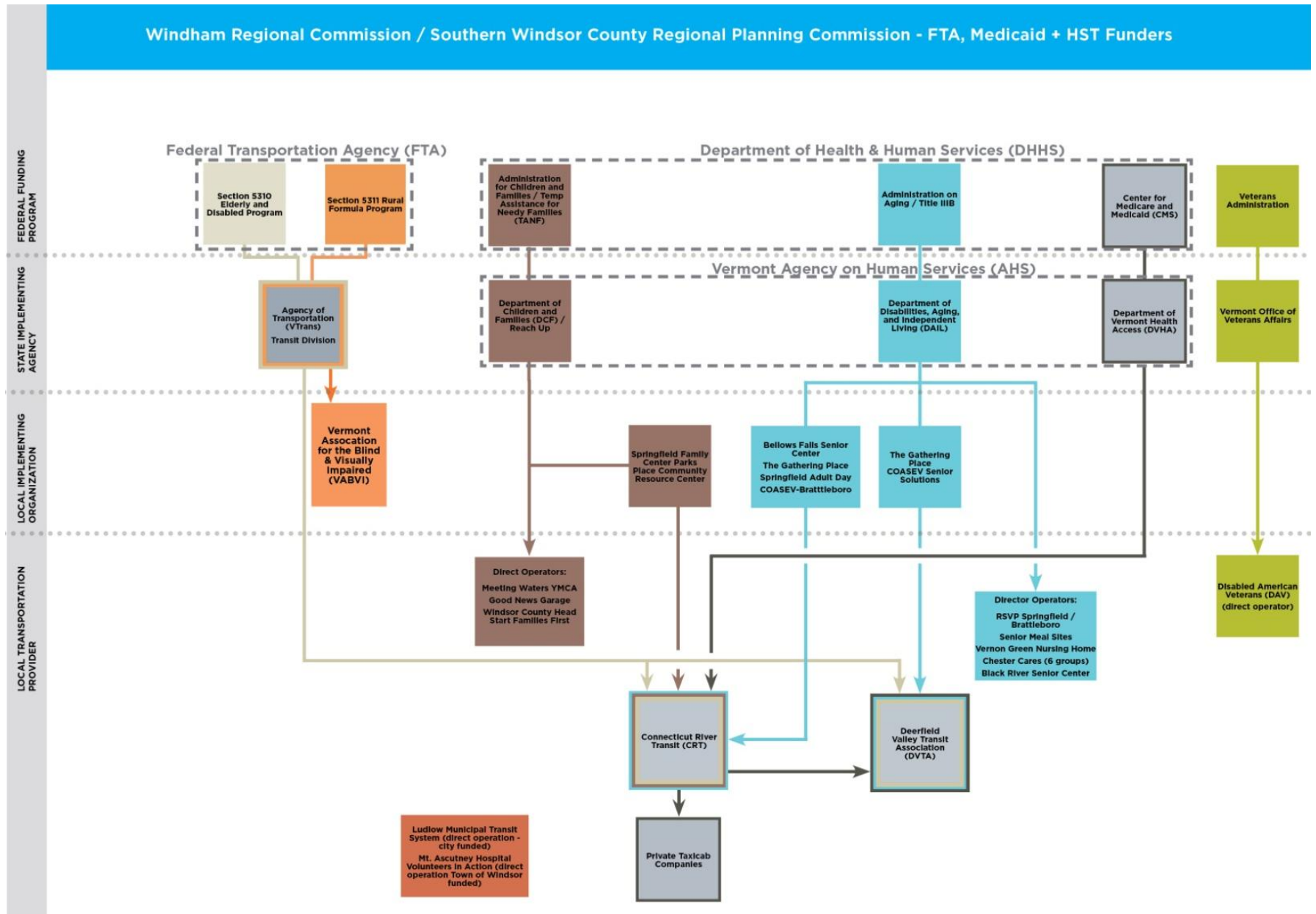
Human Service Transportation Coordination Plan

Vermont Agency of Transportation (VTrans)



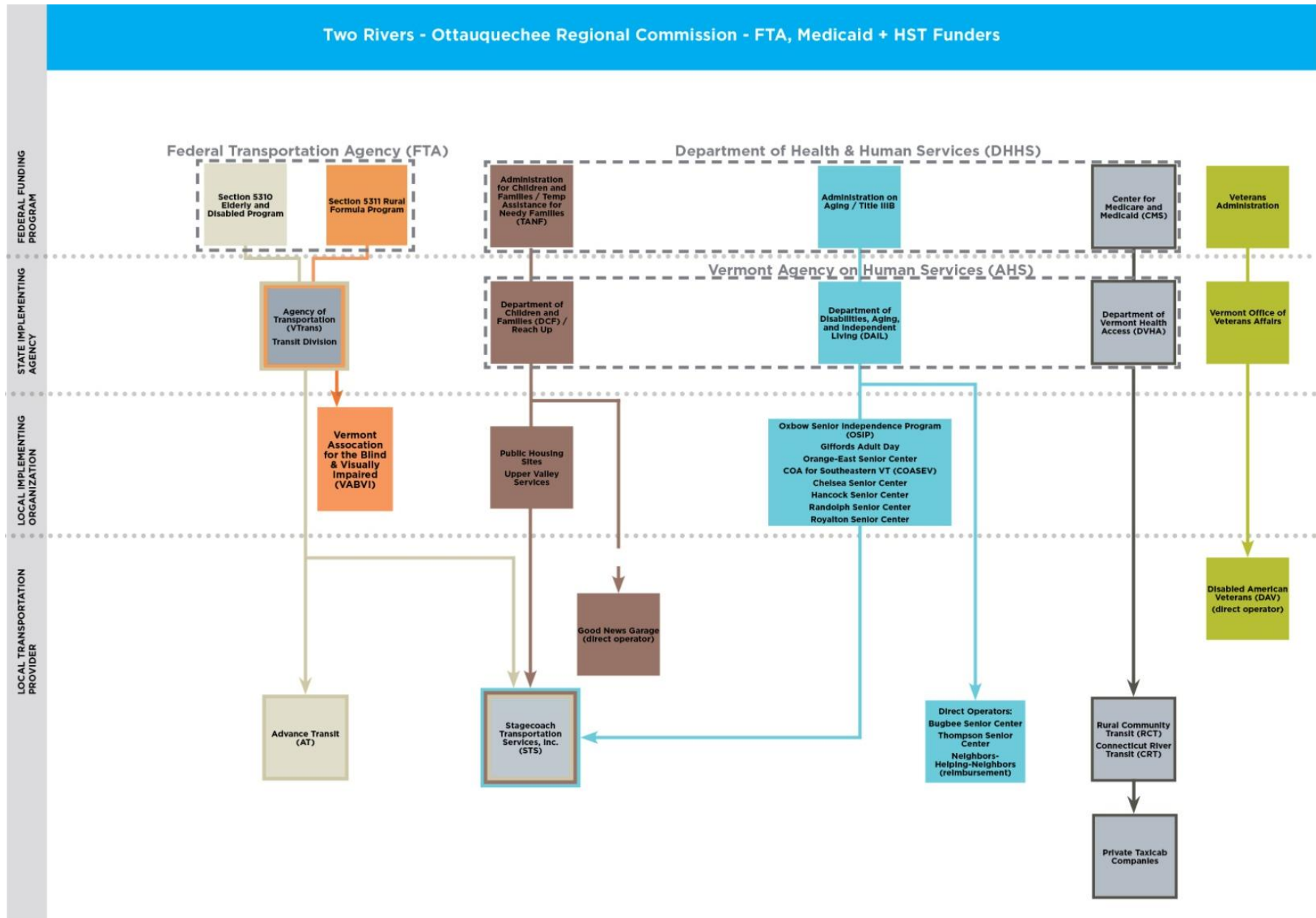
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Vermont Agency of Transportation (VTrans)



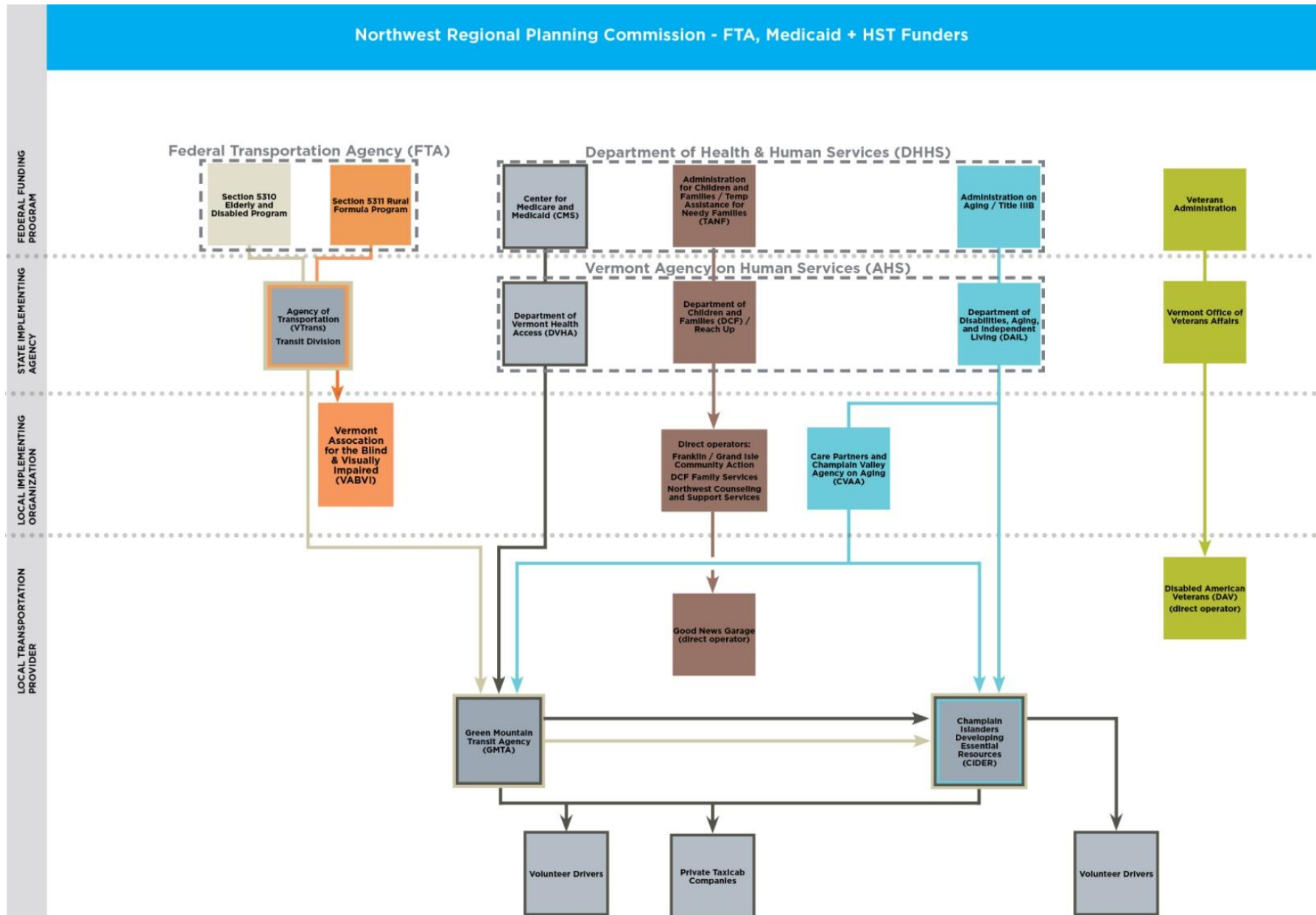
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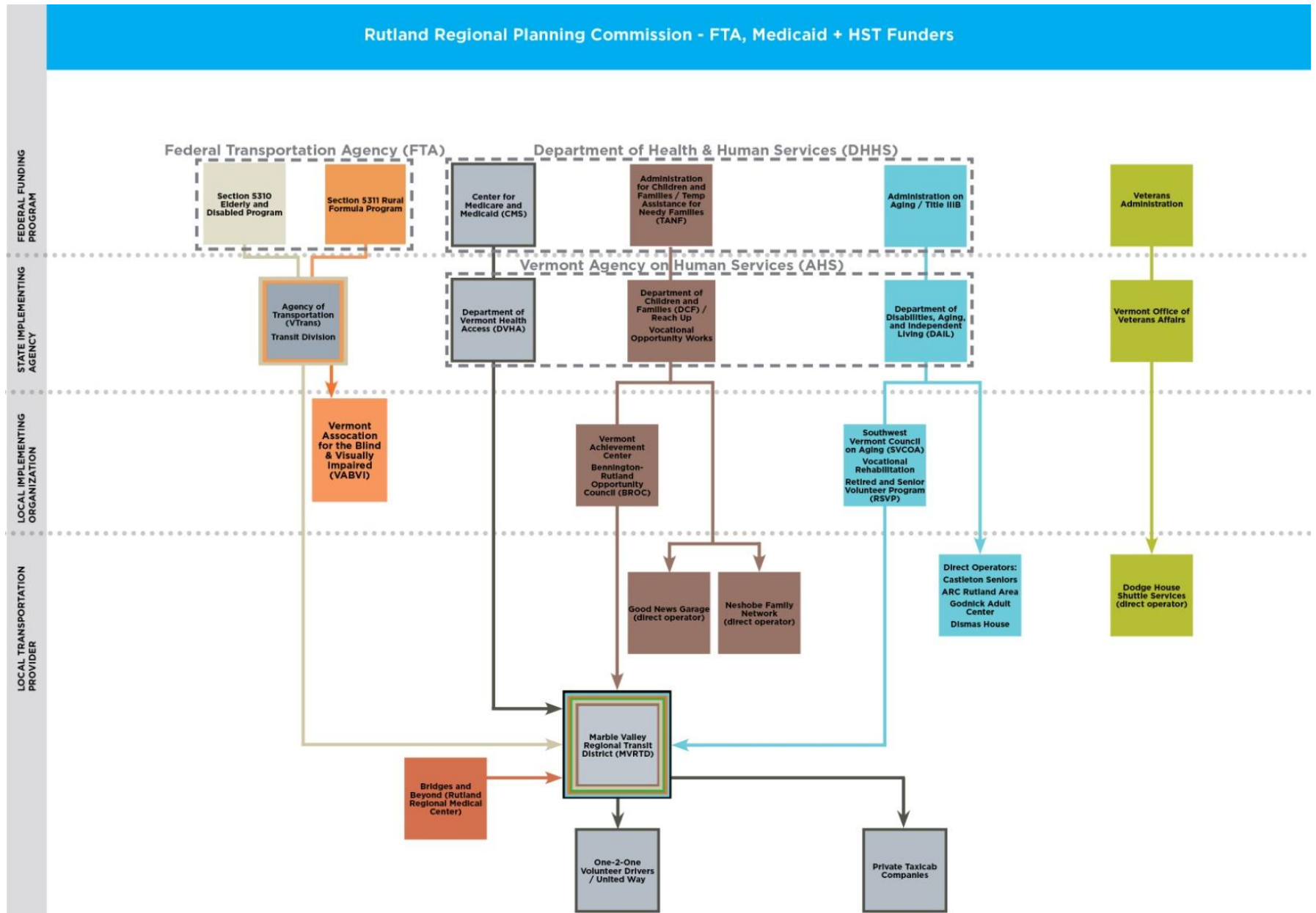
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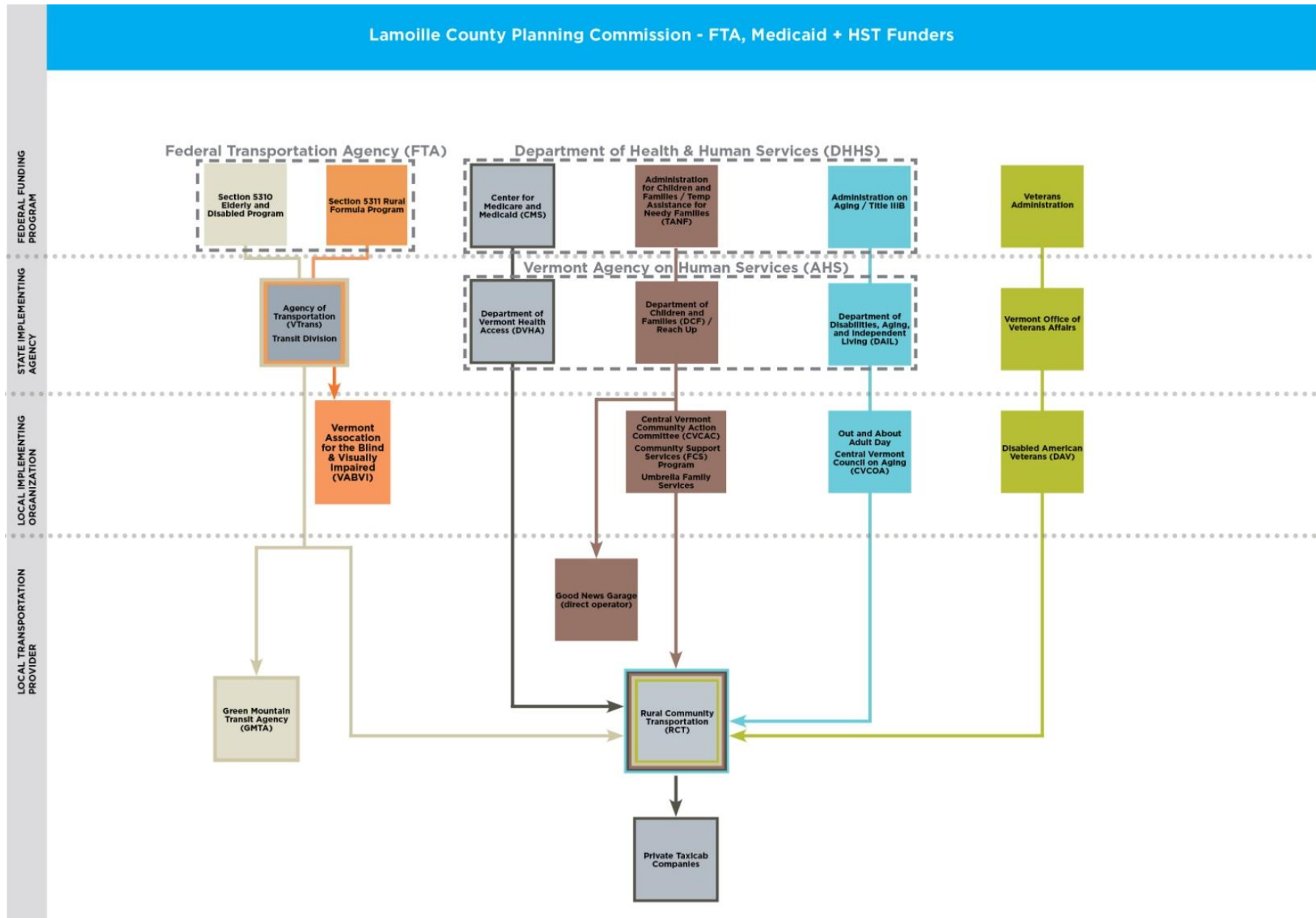
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Vermont Agency of Transportation (VTrans)



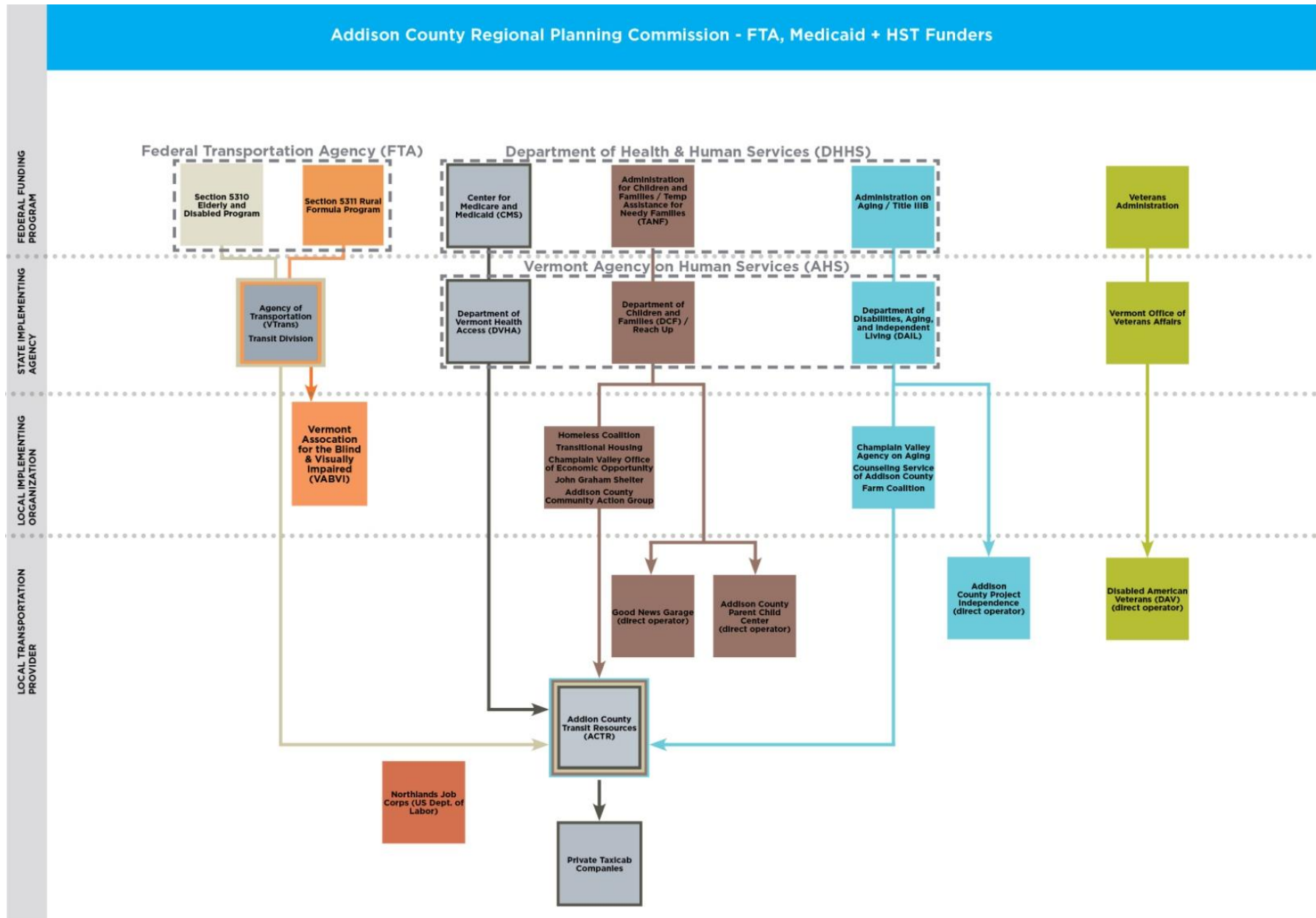
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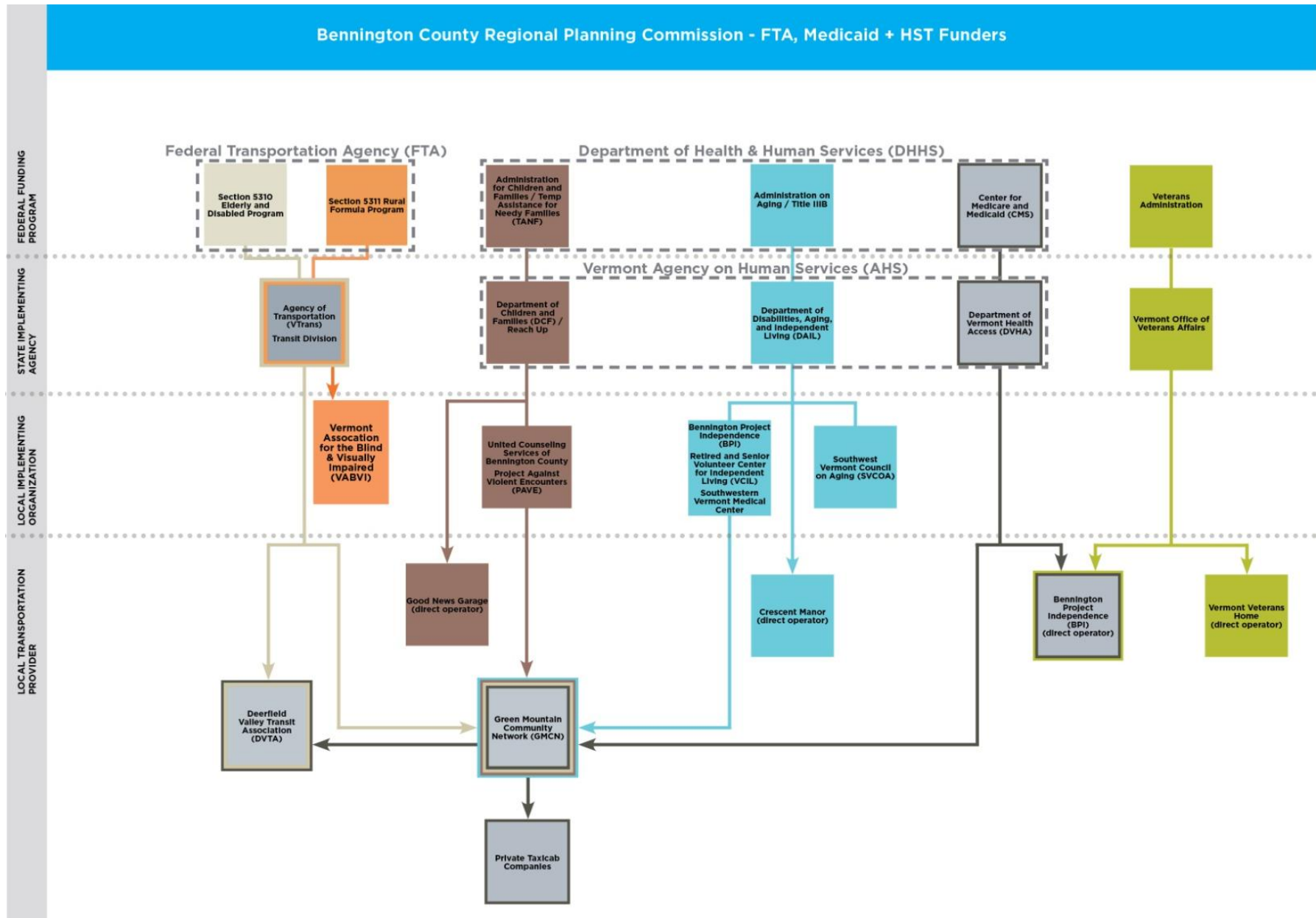
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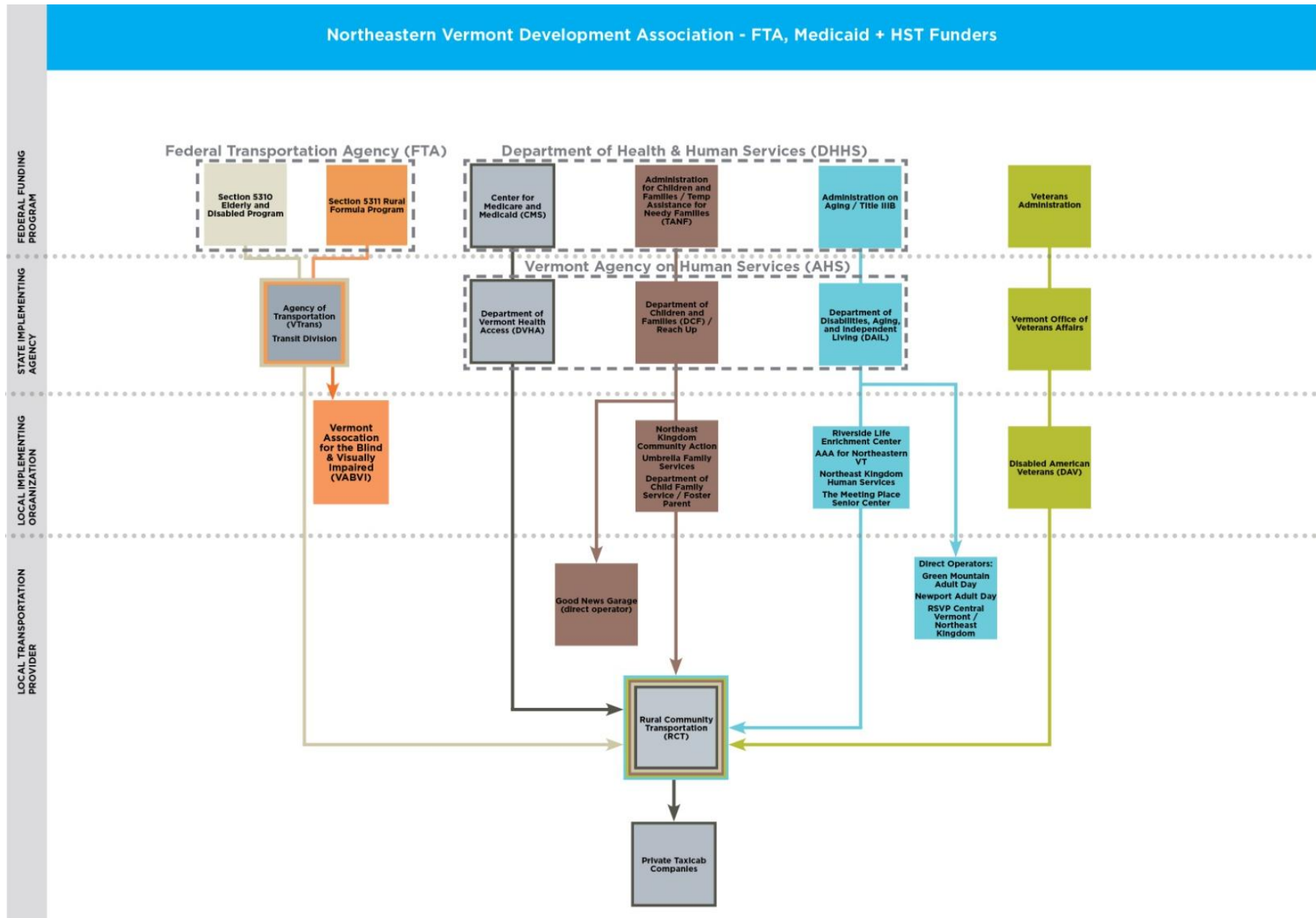
Human Service Transportation Coordination Plan

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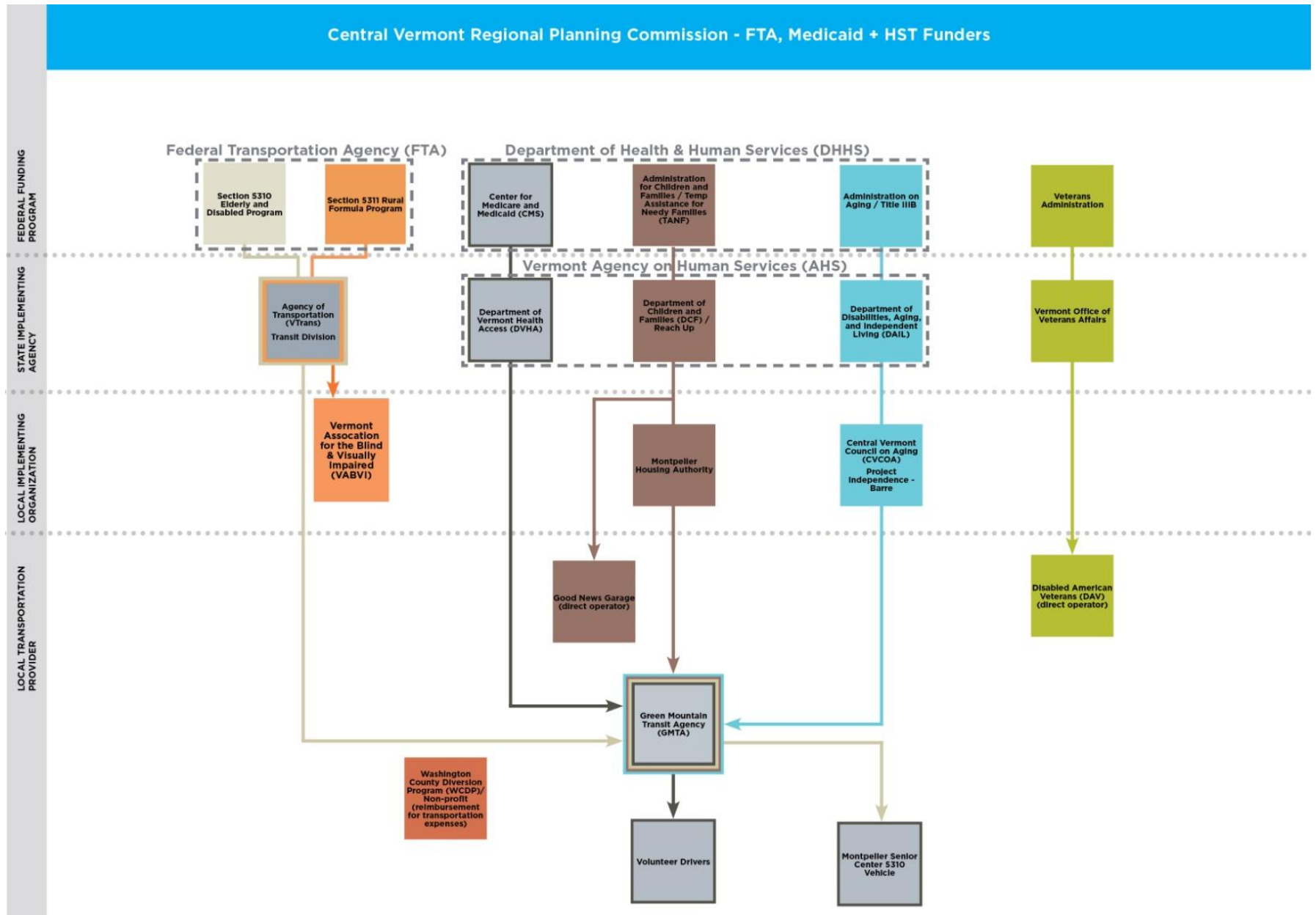
Human Service Transportation Coordination Plan

Vermont Agency of Transportation (VTrans)



Human Service Transportation Coordination Plan

Vermont Agency of Transportation (VTrans)



Appendix E Glossary of Terms

Accessible Vehicle (Or Wheelchair-Accessible Vehicle or ADA Accessible Vehicle) - Public transportation revenue vehicles, which do not restrict access, are usable, and provide allocated space and/or priority seating for individuals who use wheelchairs, and which are accessible using ramps or lifts. (NTD)

Americans with Disabilities Act (ADA): Passed by Congress in 1990, this act mandates equal opportunities for persons with disabilities in the areas of employment, transportation, communications and public accommodations. Under this Act, most transportation providers are obliged to purchase lift-equipped vehicles for their fixed route services and must assure system-wide accessibility of their demand response services to persons with disabilities. Public transit providers also must supplement their fixed route services with complementary paratransit services for those persons unable to use fixed route service because of their disability.

Brokerage – An association of transportation providers managed by a broker or agent who makes transportation arrangements for a specific clientele such as the elderly and persons with disabilities. The transportation providers in a brokerage system are typically social service agencies and taxicab operators. The broker may be the transit agency directly or the transit agency may contract with an individual or firm to operate the brokerage system.

Coordination - A cooperative arrangement among transportation providers and/or purchasers which is aimed at realizing increased benefits and cost-effective services through the shared management and/or operation of one or more transportation related functions including shared trips, dispatching, cooperative purchases, or training classes.

Dial-a-Ride (also called Demand Response) – A transit mode comprised of passenger cars, vans or buses operating in response to calls from passengers or their agents to the transit operator, who then dispatches a vehicle to pick up the passengers and transport them to their destinations. A dial-a-ride operation is characterized by the following: a) the vehicles do not operate over a fixed route or on a fixed schedule except, perhaps, on a temporary basis to satisfy a special need; and, b) typically, the vehicle may be dispatched to pick up several passengers at different pick-up points before taking them to their respective destinations and may even be interrupted en route to these destinations to pick up other passengers. Dial-a-ride routes also include special services that are generally “rural” in nature and operate less than once a day (i.e., service operates only once a week or a few times a month.)

Elderly and Disabled (E&D) Transportation - Transportation service to persons who are disabled or elderly, age 65 and older.

Fixed Route: Transportation service operated over a set route or network of routes generally on a regular time schedule.

FTA – Federal Transit Administration (before 1991, Urban Mass Transportation Administration). A component of the U.S. Department of Transportation that regulates and helps fund public transportation. FTA provides financial assistance for capital and operating costs and also sponsors research, training, technical assistance and demonstration programs. FTA was created by the passage of the Urban Mass Transportation Act of 1964.

Human Service Agency - A government or not-for-profit organization that provides services for essential needs such as medical care, income support, housing, education, training, and public health, typically for people requiring help due to age, disability, low income or similar reasons.

Human Service Transportation - Transportation provided by or on behalf of a human service agency to bring people participating in the agency's programs or services to those programs or services.

Local Match - The state or local funds required by the Federal government to complement Federal funds for a project. For example, in the case of public transportation, the Federal government may provide 80 percent of the necessary funds for the purchase of a vehicle if the state or local government matches 20 percent. A match may also be required by states in funding projects which are a joint state and local effort.

Operating Expenses – Expenses associated with the operation of the transit agency, and classified by function or activity and the goods and services purchased. It is the sum of vehicle operations, vehicle maintenance, and non-vehicle maintenance. In some states, general project administration will be treated as an additional component of operating expenses.

Paratransit - Flexible forms of public transportation services that are not provided over a fixed route, e.g. demand response service, and most often refers to wheelchair accessible service.

Public Transportation- Transportation service that is available to any person upon payment of the fare and which cannot be reserved for the private or exclusive use of one individual or group. "Public" in this sense refers to the access to the service, not the ownership of the system providing the service. Public transportation service must be open door.

Section 5307 – Financial assistance from Section 5307 of the Federal Transit Act. This program makes Federal resources available for capital projects and to finance the planning and improvement costs of equipment, facilities and associated capital maintenance items for use in mass transportation. The program also allows funds for operating assistance in urbanized areas of less than 200,000 population. Transit systems in urban areas with populations greater than 200,000 receive their funds directly from FTA.

Section 5311 – The section of the Federal Transit Act that authorizes capital and operating assistance grants to public transit systems in areas with populations of less than 50,000.

Section 5310 - Authorized under 49 USC Section 5310, a Federal program administered by ODOT to provide small buses and vans to eligible agencies which provide transportation services to elderly and disabled persons.

TANF - Temporary Aid to Needy Families - Created by the 1996 welfare reform law, TANF is a program of block grants to states to help them meet the needs of families with no income or resources. It replaces AFDC, JOBS, Emergency Assistance and some other preceding federal welfare programs. Because of TANF-imposed time limits, states are using TANF to place recipients in jobs as quickly as possible, often using program funds to pay for transportation, child care, and other barriers to workforce participation.

Transportation Provider or Public Transit System - Any organization, agency, or municipality that operates its own vehicles with agency staff and schedules trips for passengers or clients. This does not include organizations that provide travel vouchers, subsidies, stipends, reimbursements, or other travel assistance directly to their clients for travel on public transit, paratransit, taxi services, other agency-sponsored transportation, or in private vehicles.

Volunteer Driver - Services provided by volunteer drivers who use their own vehicles, donate their time to transport riders, and receive reimbursement for mileage at the federal rate.